A Study of the Effects of a Positive Parenting Programme on the Rate of Stealing and Lying Behaviour of Preadolescent Boys

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Table of Contents

Section 2

Section 3

Section 4

Appendices

List of Tables

Table **Page**

List of Figures

Figure **Page**

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Abstract

A study was undertaken investigating the efficacy of a Triple p Level 4 individual programme on the stealing and lying behaviour of preadolescent boys. Parents were required to continuously record stealing and lying instances throughout the duration of the study. Mothers also completed self-report measures used in standard Level 4 Triple P interventions (e.g., *Eyberg Child Behaviour Inventory, Depression-Anxiety-Stress Scale, and Parenting Sense of Competence Scale*). Results of the study suggest that early intervention for families whose children exhibit covert antisocial behaviours is beneficial in the reduction of those behaviours. Maternal self-report showed that most measures showed improvements, with marked improvements shown in depression scores.

Section 1

Introduction

Conduct disordered behaviours, which include stealing and lying, are serious and pervasive problems (Hemphill, 1996). Conduct problems are a significant clinical and social problem resulting in between 33 and 50% of child and adolescent referrals for treatment of various antisocial behaviours (Kazdin, 1988). Children exhibiting these behaviours are often seen as unmanageable by their parents (Kazdin, 1988). Teaching parents different child rearing techniques to change their children's behaviour is one of the most common intervention strategies used, particularly with younger children (Stouthamer-Loeber & Loeber, 1988). However, past studies have shown that families of children who exhibit covert antisocial behaviours are less likely to benefit from interventions than other families (Reid & Patterson, 1976). The challenge to researcher now is to find interventions that are efficacious for both overt and covert behaviour problems.

1.1 Stealing

The act of stealing may be at the end of a behavioural chain where one "*apparently irrelevant decision*" (Pithers, Marques, Gibat, & Marlatt, 1983) represents a step towards stealing. The offense chain that results in a child stealing may be similar in nature to the model proposed by Ward, Louden, Hudson, and Marshall (1995) that describes the sequence of cognitive and behavioural events that form an offense chain for child molesters. This offense chain includes background problems and factors that make the offender vulnerable, a series of steps including active and passive planning, distortions regarding both the victims' and offenders' rights and needs, and cognitive and affective consequences to lapses or relapses (Ward et.al., 1995).

A possible behavioural chain for a child stealing may be as follows; an argument with a parent (background factor) that leads to the child seeking out deviant peers (distal planning) who suggest they go to the shopping mall (contact with stealing opportunity), where the child tells himself that the shopkeepers "won't miss one small thing" (cognitive restructuring), and so moves into a position where theft is less likely to be detected (proximal planning) and steals an item from the shop. Following the offense the child may

then evaluate the situation either negatively or positively (cognitive restructuring) which in turn may determine their future resolutions regarding reoffending.

1.1.1 Definition

One of the obstacles in the treatment of stealers is the lack of a definitive answer as to what constitutes excessive stealing behaviour. The dictionary states that to steal is to "take away (thing, or abs.) esp. secretly for one's own use without right or leave, take feloniously" (Sykes, 1976, p. 1124). While this definition explains the act itself, it gives no indication as to the point at which stealing becomes a problematic behaviour in children. In an attempt to clarify this problem, the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV, 4th ed.) (American Psychiatric Association, 1994, p.90) defines nonconfrontative stealing in relation to conduct disorder as "a persistent pattern of conduct in which either the basic rights of others or major age-appropriate societal norms are violated". The DSM IV (4th ed.) also states that this behaviour must have been present for 6 months duration. A more objective definition has been put forward by Patterson (1982), where a stealer is defined as "a child between the age of 6 and 12 who is 'caught' stealing about once every three or four months"(p.260). As recurrent theft can have a low base rate of both detected incidents and suspicions of theft, Reid and Patterson (1976) increased the strength of their behavioural analysis by defining high rate theft as the occurrence of *suspected* stealing at least once every two weeks. Pawsey (1996, p. 29) suggests that if this definition is used in conjunction with persistence over at least six months, then valid behavioural analysis can be undertaken with sufficient data points to minimise the risk of either projecting incorrect patterns from the baseline data (serial dependence) or of incorrectly identifying baseline behavioural patterns in the first instance (Type I errors).

It has been suggested by Reid and Hendriks (1973) that many parents do not recognise that their child has a problem with stealing until it is brought to their attention by neighbours or community agencies, as much of the stealer's anti-social behaviour is exhibited outside of the home. Any subsequent referrals for treatment by these parents may well be to "appease the school counselor or to get the juvenile authorities off their backs" (Reid & Hendriks, 1973, p.215).

Many parents and teachers are reluctant to label children as 'stealers'. This hesitancy may be due to feared legal or social consequences for the child (Miller, 1987) or a failure to

classify minor violations (especially in the home) as stealing (Patterson, 1982). Many parents are frequently willing to accept their child's explanation for their new possessions, such as 'finding', receiving a 'gift', or 'borrowing' (Miller & Klungness, 1989; Tremblay & Drabman, 1997). Patterson (1982) suggests that parents of stealers have a tendency to label only 'extreme' property violations as stealing. Prompt diagnosis and treatment of stealing is dependent upon the consistent use of a definition that is overinclusive, ensuring that both suspected and detected acts of stealing are labeled as such (Patterson, 1982; Reid & Patterson, 1976). Inconsistent detection and punishment results in stealing being intermittently reinforced and intermittently punished (Miller, 1987; Miller & Moncher, 1988). Behaviour maintained by this schedule of reinforcement is extremely difficult to eliminate (Cooper, Heron & Heward, 1987).

1.1.2 Prevalence Rates

Stealing is a relatively common problem with many parents faced with money and other items going missing from their homes (Sanders & Markie-Dadds, 1996). In a six year study of 1,425 youths aged between 13 and 16 from all social levels in London, Belson (1975) found that 70% admitted having stolen from a shop and 35% from family or friends on at least one occasion. Similarly, Reid (1975) argued that childhood theft is not particularly abnormal and that most children will have stolen something at sometime. What may be an isolated incident or passing phase for many children can become a problem behaviour for others. Offender data in relation to reported dishonesty reveals that children under fourteen years of age represent 11.2% of the total number of offender apprehensions (New Zealand Police Report, 1997). However, when comparing official offender data with self-report data, Dunford and Elliott (1984) found that official data reflect only a small fraction of illegal activity occurring in our communities. Historically, studies have found stealing to be a problem in a similar proportion of children. In a longitudinal study of 110 middle to upper class children, 10% of parents of 8 year old boys and 4% of parents of 10 year old boys reported stealing to be a problem (MacFarlane, Allen & Hozik, 1962).

Disruptive behaviours such as stealing are often referred to within the wider context of conduct disorders where stealing is accompanied by aggression, destruction of property and/or other major rule violations such as running away or truancy (American Psychiatric Association [APA], 1994). Unlike other disorders of childhood such as internalising disorders which may spontaneously ameliorate over time, some aspects of conduct

disorders may persist in a relatively constant form throughout the developmental path (Herbert, 1987). Longitudinal data have shown that early parent and teacher reports of stealing were significantly correlated with later criminal activity (Mitchell & Rosa, 1981). This is also corroborated by police figures that show 14-20 year olds represent 47% of offender apprehensions (New Zealand Police Report, 1997). Studies in general have shown the persistence of conduct disorders into adulthood for 40-50% of diagnosed children (Robins, 1978; West & Farrington, 1973). As a result, Sanders and Markie-Dadds (1992) report the cost of juvenile crime in Australia alone to be in excess of $1.8 billion. Clearly the issue of childhood stealing is one of great importance to both individuals and the community.

1.1.3 Recording Stealing Incidents

Due to the covert nature of stealing, the low base rate at which it occurs, and the unpredictability of stealing behaviour, the opportunities to reliably observe its occurrence are greatly lessened (Miller & Klungness, 1989). The child is often the only one who has access to complete information regarding stealing incidents (Miller & Klungness, 1989). While it is reasonable to assume that the most valid assessment of behaviour would come from personal recordings and observations, few self-recording procedures have been developed or validated (Miller & Moncher, 1988). This approach is also limited to older or more cognitively advanced children due to the attentional and self-awareness demands (Miller & Moncher, 1988). Due to these restraints, most information regarding a child's stealing behaviour is gathered by either the child's parent or teacher. Treatment outcomes have been shown to improve when both teachers and parents receive practice and feedback in the identification of stealing incidents (Patterson, 1982; Reid & Patterson, 1976). Williams (1985) suggests that adult training in the detection of stealing include such methods as clearly stated rules against stealing, consistent checks of a child's possessions for items which are not theirs, and consistent consequences for the possession of questionable items.

1.1.4 Why Children Steal

Over the years, children's motivation for stealing has been discussed from a variety of viewpoints. Weger (1985) sums up these perspectives in his review of stealing when he says that

> there are those that see it primarily from a behavioral point of view but others who view stealing as a symptom of underlying emotional dynamics. Some believe that the family and environment produce stealers, others point the finger at public education and others very conservatively feel that thieves choose to be thieves and that only they are responsible (p.89).

Only research from a behavioural perspective will be discussed further.

There are many anecdotal and indirect correlational reports pertaining to immediate situational cues such as time, settings, absence of security that promote stealing (Miller & Klungness, 1989). There is also evidence to suggest links between isolated stressful events (e.g., death, divorce) or longer-term stressful events (e.g., adverse social contact, marital discord) on children's antisocial behaviour in home settings (Patterson, 1982; Stouthamer-Loeber & Loeber, 1986). These stimuli, while possibly contributing to children's stealing behaviour, are difficult to document (Miller & Klungness, 1989).

Other factors that may contribute to a child's likelihood of stealing are the consistency of child-management practices and the level of acceptance of criminal behaviour within the child's environment (Patterson, 1982, 1986). Parents of stealers have been characterised as being more detached, less motivated, and less insightful regarding their child-management role than either normal or aggressive children (Patterson, 1982, 1986; Reid & Patterson, 1976). Deficits in child-management skills, particularly the use of harsh or inconsistent punishment, reduced levels of reinforcement (of both prosocial and antisocial behaviour), and poor monitoring have been found to contribute to covert antisocial behaviour patterns (Patterson, 1982; Reid & Patterson, 1976). Studies have shown that parents of stealers are more likely to react with greater emotional intensity when punishing undesirable behaviours than other parents (Patterson, 1982; Reid & Hendriks, 1973; Reid & Patterson, 1976). Forehand and McMahon (1981) have shown, however, that high levels of emotional punishment or physical punishment are not effective methods of reducing undesirable behaviours.

Patterson (1982) describes parental monitoring at its most basic level as a "general awareness of the child's whereabouts" (p.222). On a more subtle level, monitoring includes such behaviours as sharing information and building emotional attachments through genuine expressions of interest. For parents of children who exhibit antisocial behaviours, attempts at exchanges such as these often deteriorate into sarcastic attacks, resulting in parents having little sense of what their children are doing or whom they are associating with (Patterson, 1982). This lack of mutually positive reinforcement may create a situation where negative adult attention (i.e., intended punishment) itself becomes reinforcing (Miller & Klungness, 1989). It has been shown that children who are raised by parents who offer unpredictable and varying degrees of attention often increase their levels of misbehaviour in order to reduce maternal levels of detachment and unpredictability (Wahler & Dumas, 1987). Reid and Patterson (1976) note that parents of stealers in their study refused to label events as 'stealing'. By denying the fact that their child was stealing, they were able to avoid the confrontation that would ensue as a result of responding to such an event (Reid & Patterson, 1976).

The immediate tangible consequences of stealing, such as when a child eats stolen sweets, are obvious (Miller & Klungness, 1989). What is more difficult to document is the amount of social reinforcement a child receives when they give away stolen items to peers, thus increasing their status within a group (Miller & Klungness, 1989). As peer pressure is high for children between the ages of 10 and 18 years, children's stealing behaviour may be influenced by the opinions of their peers (Weger, 1985). Similarly, significant adults who openly condone or reward stealing may lead to an increase in the likelihood that the child would steal again (Patterson, 1982). Modeling of stealing behaviour by parents or significant others has been found to be directly related to stealing in children (Weger, 1985). The identification of factors that contribute to children's stealing is further complicated by the fact that theft is more likely to occur in conjunction with other covert behaviours (Loeber & Schmaling, 1985b). The nature and extent of these interactions will be discussed later.

1.1.5 Treatment of Stealing

In the past, children with 'conduct disorders', which included stealing, have been offered little treatment (Seymour & Epston, 1989). What treatments were offered were either punitive through the court system or of a residential nature, requiring the child to be

separated from his family (as boys are greatly over-represented in the stealing literature the masculine pronoun will be adopted throughout). With the adoption of the behavioural approach regarding the etiology of stealing, which assumes that the stealing 'habit' is learned and maintained by the reinforcing consequences of material gain, parental attention and peer prestige (Reid & Patterson, 1976), many treatments were aimed at diminishing the social rewards for stealing and punishing the stealing act itself. As stealing acts are frequently low in frequency and therefore difficult to detect, many researchers used controlled settings such as classrooms in order to increase the immediacy of detection and of both rewards and punishments.

One such classroom study was undertaken by Switzer, Deal, and Bailey (1977). A multiple baseline design was used to implement two interventions: (1) a daily anti stealing lecture; and (2) a group contingency where children were rewarded with extra free time for no thefts and normal free time for returning stolen items, and punished with a loss of free time for non-returned stolen items. Desirable items were randomly distributed throughout the classroom and their presence was checked periodically. Results showed that while the contingent group approach significantly reduced the incidence of stealing in the classroom, the effects were not seen to generalise to other settings where theft may occur. Additionally, the use of unannounced theft probes such as those used by Switzer et al (1977) can potentially be defined as entrapment procedures and their use is generally discouraged (Miller & Klungness, 1986). The public identification of a child as a thief or suspected thief could also result in potentially adverse consequences such as peer rejection or hostility (Miller & Klungness, 1986).

In an attempt to modify the behaviour of predelinquent children in the natural home setting, Reid and Paterson (1976) reported a succession of studies involving interventions with numerous families. The interventions involved six phases beginning with intake evaluation, baseline observations, issuing instructional material to parents and subsequently testing their comprehension before further treatment, teaching parents to define, track and record target behaviours, teaching sessions of behaviour modification and finally treatment termination. On average 25.7 hours were required with each family to significantly alter the target behaviours. Results showed that families whose presenting problem was stealing had less success than those families where aggression was the presenting problem. These results led Reid and Paterson (1976) to the conclusion that parents of stealers have a harder time recognising the target behaviour than do parents of

aggressive children. However, once taught to recognise and consequate stealing behaviour, they are able to modify the behaviour in much the same way as parents of aggressive children.

In an intervention referred to as individualised combined treatment (ICT) Henderson (1981) advocated the use of techniques to control both the internal and external environment of ten boys aged between 8 and 15 years. The internal environment was controlled through the use of relaxation, biofeedback and cognitive control. The external environment was controlled through the therapist deciding on an individual basis what reinforcers were maintaining the stealing. Before the commencement of treatment, it was established that the client wanted to stop stealing. A definition of stealing was then drawn up. The initial treatment session involved the collection of information regarding the frequency, value, type and quantity of goods, person and/or places stolen from etc. Daily relaxation sessions were given for four to five sessions, after which the client was directed to practice these techniques before sleep on days that he did not visit the clinic. Once relaxed, the client was then taught to imagine stimuli discriminative for stealing, saying "stop, relax, and walk away" (Henderson, 1981), p. 233). Upon walking away from a potential stealing opportunity, the client was taught to be proud of himself. Parents were then included in treatment and required to arrange suitable people to be trained in the use of a non-stealing diary. This was used to monitor the client's whereabouts and to record bonuses issued for non-stealing. The clients' visits were gradually reduced and the client was given increased responsibility for the diary. Results showed that 80% of clients stopped stealing at ICT onset and had not stolen since. This treatment did however, involve a large amount of therapist input and was dependent on the client being initially willing to stop stealing.

A subsequent study by Seymour and Epston (1989) involved a sample of 45 families whose inclusion was both voluntary and as a result of referrals from Social Welfare or the Police. The intervention was described as having aspects in common with behaviourists as well as family therapy schools, particularly the work of Michael White (1986a, cited in Seymour & Epston, 1989) and David Epston (Epston 1984a; Epston & White, 1989, cited in Seymour and Epston, 1989).

Treatment involved an initial consultation to gain an understanding of the family's beliefs and concerns about the problem. Parents were encouraged to relabel behaviours termed

variously as 'borrowing' and 'taking things and not returning them' as 'stealing' and 'robbing'. Existing reinforcers of stealing were also identified. Parents were discouraged from attributing their child's stealing to theories of self-blame as this was considered to immobilise parents from taking effective action. The child was engaged directly with the treatment and asked how well they are able to resist stealing and how well they managed this. This was designed to help the child experience the therapy as sympathetic and to be joined with the parents and therapist against stealing and temptation. The child was also asked to predict the course of their problem through time. They were asked to choose a 'criminal career' or an 'honesty career'. A shared definition of stealing is established and the child was henceforth required to prove innocence rather than parents proving guilt. This is designed to release parents from the burden of proof and the ensuing arguments, and to place the child in a position of being responsible for refraining from stealing and remaining above suspicion.

Upon an act of stealing, the parents were required to inform the child that they had 'stolen' and give them 5-10 minutes to prove their innocence (e.g., by confirmation of a trusted adult). The act of stealing would then receive the consequence of one hour of work around the home and return of or payment for the stolen item. Parents were asked to set 'traps' for their children and reward resistance of temptation or consequate appropriately. This was designed to re-establish trust between the parents and the child. An agreed date (3-9 months hence) would be arranged for a celebration of the child change of status.

The families were seen on average of 3.3 times each for 1-1 1/2 hour sessions, although most clients received follow-up therapeutic letters (see Epston & White, 1989) and progress telephone call. Results showed that 54% of the completing 39 children exhibited no stealing in the following two month period. Further follow-up data at 8-12 months from initial interviews revealed that 62% showed no stealing at all, while a further 19% showed 'substantially reduced' stealing (Seymour & Epston, 1989).

The lack of direct instruction in child management techniques makes an intervention such as Seymour and Epston's (1989) difficult to implement for many families of children with behaviour disorders as they require the child to complete allocated tasks following a stealing episode. A pattern of poor parenting behaviour including rejecting attitudes, inadequate standards of care and supervision of the child, household disorganisation, poorly defined rules, and inconsistent and ineffective family management techniques has

been consistently associated with the development of conduct disordered behaviour (Kolvin, Miller, Fleering & Kolvin, 1988; Patterson, 1982; Robins, 1991). Many families with a child exhibiting problem levels of stealing may be ill-equipped to implement the requirements of a program such as Seymour and Epston's (1989) without first gaining the skills necessary to do so.

1.2 Lying

1.2.1 Definition

As with stealing, lying suffers from a lack of a clear definition. Simply stated, a lie is an "intentional false statement" (Sykes, 1976, p. 625). Nettler (1982) claims that lying depends on deception - "on saying other than what one means, or being other than what one pretends to be, or concealing acts that harm others" (p.9). Implicit within Nettler's (1982) definition is the intention to deceive. The definition closest to people's everyday usage of the term *lying* is that given by Stouthamer-Loeber (1986) where lying is "a verbal statement that is intended to deceive" (p.268). The intention to deceive is difficult to measure and there may always be a margin of doubt as to whether or not a lie has been told, particularly when young children are concerned whose representations of reality and fantasy are not yet reliably separated (Stouthamer-Loeber, 1986).

1.2.2 Perceived Seriousness of Lying

In order to allocate treatment or intervention resources, it is necessary to gather information as to adult's perceptions of the seriousness of lying and how lying stands in relation to other child behaviour problems (Stouthamer-Loeber, 1986). An overview of adult perceptions has been gathered by Stouthamer-Loeber (1986) in her review of a series of studies, done over a period of 55 years, ranging from an original study by Wickman in 1928 to a more recent study by Vidoni, Fleming, and Mintz (1983). Stouthamer-Loeber has shown that, despite the fact that fifty years had elapsed between the first and most recent study, teachers consistently ranked lying in the top 10^{th} percentile out of fifty items in terms of seriousness for the child as well as future impact.

The rankings of lying by teachers compared to clinicians in the original study resulted in a rank-order correlation of -.11 due to clinicians rating lying in the 48^{th} percentile compared

to teachers ratings in the 10th percentile (Stouthamer-Loeber, 1986). These differences had disappeared in the more recent study by Vidoni et.al. (1983), with both teachers and clinicians ranking lying in the 10th percentile, a rank-order correlation of .54. Stouthamer-Loeber (1986) believes that the increasingly behaviourist approach of clinicians may account for this change. Ziv (1970), however, suggests that teachers referring children for diagnosis and treatment are required to complete questionnaires compiled by psychologist and may be influence by their terminology and frame of reference.

Studies of children's and parents' opinions are less common. Vidoni et.al. (1983) reported eighth-grade students ranked the seriousness of lying as a problem behaviour in the 15th percentile, only slightly less seriously than teachers or clinicians rankings. The only study reported by Stouthamer-Loeber (1986) of parental rankings was done by Kohn in 1959, where mothers were asked to choose the three most desirable behaviours for a 10-11 year old child. The most favoured behaviour was honesty for both boys and girls. While there is a shortage of information regarding parents' opinions, it is clear that lying is seen as a serious behaviour problem by a variety of sources.

1.2.3 Prevalence Rates

Theft is more likely to occur in conjunction with other covert behaviours such as lying (Loeber & Schmaling, 1985b). As lying is considered to be one of the first of the antisocial behaviours to manifest in young children, it is not surprising that links between stealing and lying have been consistently found in home and school environments (Stouthamer-Loeber, 1986; Stouthamer-Loeber & Loeber, 1986). Although prevalence rates vary from study to study, Stouthamer-Loeber (1986), in her extensive review of lying, reports on average a prevalence rate of 19.4% for parent reports, and 14.4% for teacher reports within normal samples. Frequent, or chronic lying, was reported by parents and teachers to be around 3%. This rate was considerably higher in a retrospective self-report which yielded 15-23% (Robins, 1986).

When prevalence rates are averaged across clinical samples, as was done by Stouthamer-Loeber (1986), the rate is 49%, 2 1/2 times that of normal samples. A similar ratio was found by Achenbach and Edelbrock (1981) using the same method of data collection for both normal and clinical samples. Analysis of numerous studies has shown that lying is significantly more characteristic of referred children than normal children, and occurs at a

higher-than-normal rate in children with a diagnosis of conduct problems (Stouthamer-Loeber, 1986).

When looking at the persistence of lying over time, many studies show no significant changes in the prevalence rates (e.g., Achenbach & Edelbrock, 1981). Stouthamer-Loeber & Loeber (1986) found a weak tendency towards a lower prevalence of lying in older children with this tendency being stronger if only occasional lying was included. However, when looking at frequent liars, numbers stayed the same or increased (Achenbach & Edelbrock, 1981). This would indicate that if there is a decrease in the prevalence of lying over time, this may be accounted for by a decrease in occasional liars only (Stouthamer-Loeber, 1986). Without longitudinal data, it is unclear whether children who lie relatively frequently continue to lie, or whether an equal number, but not necessarily the same children, lie at different age levels. The implications of these alternatives are discussed later.

Various studies have looked at whether or not there is a sex differences in the rates of lying (e.g., Achenbach & Edelbrock, 1981; Robins 1986). Although boys are more likely to experience conduct problems in general (Maccoby, 1980), there is no clear differentiation between girls and boys lying behaviour. Robins (1986) reports boys to have significantly higher rates of lying than do girls, whereas Achenbach and Edelbrock (1981) found no sex difference. There is however a perception amongst adults generally that boys have a higher rate than do girls (Stouthamer-Loeber, 1986). Similarly, Stouthamer-Loeber (1986), in her review of the literature, found no clear evidence of socioeconomic status (SES), racial or IQ differences.

1.2.4 Why Children Lie

Lowenstein (1994) has suggested that there are five main reasons why children lie. These are: (i) lying to protect oneself from punishment; (ii) lying to build self-esteem or confidence; (iii) lying to gain vengeance; (iv) lying for altruistic reasons; and (v) lying for pathological reasons (p.15). Behind these reasons, Lowenstein proposes several possible causes for children's lies. A lack of standards of truthful behaviour learned from infancy, fear and anxiety, a lack of self-confidence, personality disturbances, learned habits and a deep concern for others are all put forward as possible causes. Central to each of these are

the experiences the child has encountered, which produce fears and anxieties which are associated with a lack of self-confidence and self-esteem (Lowenstein, 1994). The habit of lying is difficult to unlearn as it has become a protective factor against punishment, feelings of inadequacy and fear reduction. Lowenstein believes that the reduction of fear and anxiety are the primary reinforcers for lying, and do much to make lying habitual.

In her review of lying, Stouthamer-Loeber (1986) cites avoiding punishment as the most common reason reported for lying. Other reasons suggested were self-gain, confusion, fun, and to protect self-esteem. Although the percentage of children lying to protect their self-esteem is the smallest of these, it is possible that as children get older and become more self-conscious and are more aware of the opinion of others, this may lead to an increase in this category (Stouthamer-Loeber, 1986).

Stouthamer-Loeber and Loeber (1986) found that maternal rejection was significantly correlated with lying in 4th, 7th and 10th grade boys, and paternal rejection was significantly correlated with lying in grades 4 and 7. While not indicative of causality, these results suggest that parental warmth may increase honesty, or alternatively, that children who lie are less likeable, leading to parents having difficulty showing warmth towards them (Stouthamer-Loeber & Loeber, 1986). It was also found that boys of single mothers and less happily married mothers lied significantly more than children of happily married mothers. No difference was found between the former two groups however (Stouthamer-Loeber & Loeber, 1986). In explaining these results, Stouthamer-Loeber and Loeber suggest that parents under pressure, such as the unhappy and single mothers, have less time or inclination to supervise their children. With less supervision, lying is less risky as the chances of detection are diminished. This belief was confirmed by a relatively high correlation of .44 between a lack of parental supervision and lying in 4th and 7th graders, and .58 for 10th graders (Stouthamer-Loeber & Loeber, 1986).

It has been suggested by Newson and Newson (1976) that children whose parents used lying incidents as an opportunity to teach their children what was expected of them, tended to lie less often than children whose parents punished lying incidents. Given that one of the most common reasons that children lie is to avoid punishment, it is reasonable to assume that children with highly punitive parents have more to gain by lying (Stouthamer-Loeber, 1986).

Finally, children's lying has been correlated with mothers' ratings of the undesirability of the child's peers (Stouthamer-Loeber & Loeber, 1986). Through their association with undesirable peers, children may become involved with activities that they wish to keep from their parents, increasing the likelihood of them lying.

1.2.5 Treatment of Lying

Within the community, there exists a high level of concern over childhood lying. Parents seeking help with children who persistently lie report vicious circles of children lying, parents accusing and doubting, and a general loss of trust within the family, accompanied by general despair as to how to best handle the behaviour (Chagoya & Schkolne, 1986). Alston (1980) reported lying to be the behaviour that mothers ranked highest that they would like to change. Surprisingly, there are no empirically validated treatment options available to mental health professionals for the amelioration of lying behaviours (Paniagua, 1989). This lack of a preferred treatment option has resulted in an emphasis upon speculative recommendations, which, according to Paniagua (1989) are usually associated with the conditions that lead to the child lying.

Chagoya and Schkolne (1986, p.668) in their review of the literature on lying tend towards a psychoanalytical approach. They recommend an eclectic treatment package which may include:

a) psychoanalysis (where the therapist interprets the unconscious meaning of the child's lying).
b) interactional therapy (where the therapist aims to help the family understand how they have reached an impasse and how to find new solutions).
c) strategic therapy (the therapist prescribes rituals aimed at changing the family system).
d) behavioural therapy (the therapist seeks to extinguish dysfunctional responses by strengthening certain stimuli and weakening others).

As mentioned previously, Stouthamer-Loeber (1986) emphasises an absence of parental warmth and honesty, parental and maternal rejection, lack of parental supervision, disharmonious homes and association with undesirable peers as conditions relating to children's lying. Consequently, she speculates that a successful intervention would need to address these issues, particularly that of parental supervision. Increasing the level of

parental involvement in the child's life allows for increased supervision and for the development of stronger bonds between the parent and child, which may make the child more reluctant to deceive their parents in the future (Stouthamer-Loeber, 1986).

Stouthamer-Loeber (1986) calls for systematic intervention studies to be undertaken in order to develop effective methods of teaching children to be truthful. She also recommends the long-term evaluation of such interventions so that the effects on later lying behaviours, the development of other antisocial behaviours, and the development of enduring relationships can be studied.

1.3 The Development of Antisocial Behaviour

In order to better treat children with behaviour problems, it is necessary to understand how the behaviour develops over time. Mental health professionals also need to be informed about possible future problems that are 'developmentally in line' when considering treatment options (Loeber, Keenan, & Zhang, 1997). Much of the research into antisocial behaviour has focused on the identification of homogeneous subgroups. Through the development of a reliable and valid classification system, it is hoped that the earliest behaviours in each category can be identified and early treatment offered (Loeber & Schmaling, 1985b). Early intervention is an important aspect as it has been shown that the further a child moves through what Patterson, Reid, and Dishion (1992) call the *antisocial progression*, the greater the risk for later delinquency (Patterson & Bank, 1989).

Early research (e.g., Robbins, 1966) has demonstrated a relationship between aggressive, asocial behaviour in young children and later delinquency and adult adjustment problems. As these earlier studies used global ratings incorporating several behaviours, few predictions between these behaviours in children and later delinquency could be made (Moore, Chamberlain & Mukai, 1979). In an attempt to clarify the identification of behaviours that put children at risk for the development of delinquency, Moore et.al. (1979) studied children referred for problems with aggression and stealing. Those who fought had symptoms ranging from noncompliance, fighting with siblings, and temper tantrums, to high rates of aversive interactions. Those who stole had symptoms ranging from defiance, lying, wandering, and stealing to fire setting. They hypothesised that the children referred for stealing problems would have higher instances of recorded delinquent acts than the aggressive children. Results of their follow-up study showed that this was in

fact the case, with 84% of the sample of 'stealers' having been arrested by the age of 17 and 67% ultimately becoming chronic offenders (Moore et al., 1979). As only 15% of the aggressive children became delinquent, this data provided initial support for a differential risk potential for children with stealing problems (Moore et.al., 1979).

In a fifteen-year follow-up study of boys whose behaviour had been rated by both parents and teachers, Mitchell and Rosa (1981) reported that of those children rated by their parents as telling 'deliberate untruths', 37% later committed at least one indictable offense. Of the children whose parents rated them as always telling the truth, 8.3% later committed an offense. Similarly, of the boys whose parents reported that they had stolen on several occasions, 66.7% went on to commit at least one indictable offense, compared with 9.1% of the boys whose parents reported them to have never stolen anything. These results indicate that early lying and stealing are predictive of later antisocial behaviour.

In a further attempt to identify patterns of antisocial behaviour, Loeber and Schmaling (1985a) performed factor and cluster analyses on data from over 10,000 children. From this they suggested that antisocial behaviour could be conceptualised as being unidimensional and bipolar. At one end of the dimension were overt behaviours such as fighting and other forms of aggression, while at the other end of the dimension there were covert behaviours such as truancy and theft. Following on from this study, Loeber and Schmaling (1985b) investigated the implication that children who practiced one or two acts from either pole of the antisocial dimension were likely to be involved in other behaviours in that category. Boys were classified as: (a)Exclusive Theft Group; (b)Exclusive Fighter Group; (c)Versatile Antisocial Group (boys who both fight and steal); and (c)Remaining Group (boys characterised by largely pro-social behaviour). Their results showed that boys in the Exclusive Theft Group were slightly more likely to be involved in other covert acts than boys in the Exclusive Fighter or Remaining groups. The boys in the Exclusive Theft Group were characterised by high rates of delinquent behaviour that went largely unnoticed by adults. The Versatile Antisocial Group scored highest on almost all overt and covert antisocial behaviours and delinquent acts, indicating that children who exhibit both overt and covert antisocial behaviour are most at risk for the development of antisocial careers. The Versatile boys came from families with the most disturbed child-rearing practices (Loeber & Schmaling, 1985b).

When looking at antisocial behaviour in more global terms, Loeber (1990) suggested that the development of this behaviour is continuous: beginning with an infant with a difficult temperament, followed by disruptive, non-compliant behaviour in childhood, and delinquency and recidivism during adolescence and adulthood. Because of the range of adult antisocial behaviour patterns, it has been suggested that there may be multiple developmental pathways for such behaviour (Loeber, 1990). Loeber et.al (1993) describe three such developmental pathways. The first of these is the Authority Conflict Pathway that begins with stubbornness and continues with defiance and authority avoidance as its subsequent stages. This pathway is said to fit best with boys who engage in these behaviours before the age of 12 years. The second pathway they describe is the Covert Pathway, which begins with minor covert behaviour such as lying and shoplifting, and progresses to property damage and moderate to very serious forms of delinquency such as stealing cars and breaking and entering as subsequent stages. The third pathway is the Overt Pathway, which has aggressive acts such as bullying as its first stage, followed by physical fighting and violence (Loeber et.al., 1993). Each of these hypothesised developmental pathways represents a different developmental task; aggression versus positive problem solving; lying and theft versus honest and respect; and conflict with, and avoidance of authority, versus respect for authority (Loeber et.al., 1993). Within this model individuals may meet some tasks but not others, or they may fail several of these developmental tasks, which takes into account children with multiple problems (Loeber et.al., 1993). Not only did the majority of the sample of over 100 boys 'fit' on more than one pathway, most entered the pathway at the first stage, rather than at a later stage, indicating that most boys who had been involved in serious antisocial behaviour had begun this behaviour at an earlier age (Loeber et.al., 1993).

More recently Loeber et.al. (1997) have attempted to differentiate between boys who experiment with and those who persist in disruptive behaviours. They believe that an understanding of the changes over time within-subjects is potentially more useful to mental health professionals than knowledge of between-group differences. Such information may enable professionals to identify those children who are at risk and whose behaviour is likely to worsen with time, as well as those children whose problem behaviour may be only temporary (Loeber et.al., 1997). As mentioned earlier, stealing is a relatively common behaviour amongst children (Reid, 1975; Sanders & Markie-Dadds, 1996). It can be assumed that experimentation with such behaviour is age-normative and temporary in nature for most children (Loeber et.al., 1997). While most children who experiment with

antisocial behaviour discover the negative consequences of their behaviour and learn from this experience, this is clearly not the case for those children who persist with this behaviour (Loeber et.al., 1997). Having established that the rate of offending was highest with (a) level of penetration into a pathway, and (b) the number of pathways entered (Loeber et.al., 1993), Loeber et.al (1997) sought an understanding of how well the pathway model fits boys who experiment with and boys who persist in antisocial behaviour. Results showed that although many boys persisted with same-type problem behaviours, for many boys the problem behaviour was episodic. The recurrence of problem behaviour within the Covert Pathway generally followed in contiguous phases. This was not the case with recurrent overt behaviours that varied depending on the child's age and the seriousness of the behaviours. Results also showed that boys who entered a developmental pathway at the first stage were more likely to be persisters, and that those boys who entered at later stages were more likely to be experimenters (Loeber et.al., 1997). With an understanding of a child's position within a developmental pathway, mental health professionals can be aware of problem behaviours that are next in line developmentally and use this information in the selection of suitable preventative interventions (Loeber et.al., 1997).

The development of antisocial behaviour from early childhood through to adolescence is outlined using a social interactional approach by Patterson, DeBaryshe, and Ramsey (1989) and explained in detail by Patterson, Reid, and Dishion (1992). Within this model, a child's behaviour at one stage leads to predictable reactions from the child's social environment in subsequent stages (Patterson et.al. (1989, p.329). This sequence of actions and reactions places the child at increased risk for long-term social maladjustment and criminal behaviour (Patterson et.al., 1989).

This pattern of development begins with family members directly training the child to engage in antisocial behaviours (Patterson, 1982). Through the noncontingent use of both positive reinforcers for prosocial behaviour and effective punishment, coercive child behaviour is reinforced in numerous interactions with family members each day (Patterson et.al., 1989). Although some of the reinforcement is positive in nature (e.g., laughing or attending), the most important contingencies for coercive behaviour are escape-contingencies, where the child terminates aversive intrusions from family members through the use of aversive behaviour (Patterson et.al., 1989). This pattern is repeated throughout the child's training, gradually escalating in intensity, often to the point of physical attacks (Patterson et.al., 1989). This training in coercion is often accompanied by

a lack of training in prosocial skills, with instances of prosocial behaviour being ignored or responded to inappropriately (Patterson, 1982; Patterson et.al., 1992).

As a result of the child's antisocial actions, the social environment produces two sets of reactions; rejection by normal peers and academic failure (Patterson et.al., 1989). These events in turn lead to the child's involvement with a deviant peer group who are thought to provide opportunities to engage in specific antisocial acts as well as providing models of attitudes, motivations, and rationalisations to support antisocial behaviour (Patterson et.al., 1989).

The social interactional theory for the development of antisocial behaviour highlights a number of variables or 'disruptors' that have negative effects on parenting skill. Possible disruptors include a family history of antisocial behaviour, demographic variables representing disadvantaged socioeconomic status, and family stressors such as marital conflict and unemployment (Patterson et.al., 1989). These variables correlate with the probability of children's antisocial behaviour, showing that the effect of disruptors on children's behaviour is indirect, having been mediated by disturbances in parenting (Patterson et.al., 1989).

1.4 Behavioural Family Interventions

Behavioural family intervention (BFI) is a generic term used to describe a therapeutic process aimed at effecting change in a child's behaviour and adjustment through related changes in the family environment which are maintaining and reinforcing the child's problem behaviour (Sanders, 1992). Contemporary BFIs have their origins within applied behaviour analysis, where the importance of involving parents, teachers, and other significant individuals as 'behaviour change agents' to bring about lasting therapeutic change is emphasised (Patterson, 1969). As parents and family members are frequently implicated in both the development and maintenance of many disturbed child behaviours (Hetherington & Martin, 1979), training parents to provide different social contingencies for specific problems provides direct access to social interactions within the family which help maintain the problem behaviour (Sanders, 1992).

Behaviour management skills that are taught include the use of contingent rewards, effective punishment, and modeling desirable behaviour (Sanders & Dadds, 1993; Sanders,

1996). Problem behaviours treated using BFIs range from oppositional behaviours such as noncompliance, tantrums and aggression (Forehand & McMahon, 1981; Sanders & Glynn, 1981) through to enuresis, encopresis, and nervous habits such as nail biting and thumbsucking (Christenson & Sanders, 1985). Numerous studies have been conducted on various facets of BFIs, with the majority reporting a reduction in target behaviours. For example, Patterson (1974) reported a 60% reduction in deviant child behaviour for 75% of the families who participated in a parent training programme. Using parental report measures, two-thirds of the parents also reported a decrease in the specific behaviour that led to their referral. Treatment gains were maintained over a follow-up period of one year, during which time 'booster' sessions were available as required. Following parent training in the use of contingent rewards, planned ignoring, and time-out, Knapp and Deluty (1989) reported significant reductions in children's noncompliance and inappropriate behaviour.

Several types of interventions are encompassed within BFIs and may be tailored to suit the needs of particular family's requirements (Sanders & Dadds, 1993). In a long-term study of 101 families who completed either self-directed video modeling, therapist led discussion groups, or therapist led discussion groups plus video modeling, Webster-Stratton (1990) reported that all three programmes were effective in reducing child behaviour problems, both immediately post-intervention and at one year follow-up.

Research into parental satisfaction with BFIs has shown that parents are generally satisfied with the techniques involved and view the programmes as both effective and acceptable (McMahon & Forehand, 1983; Webster-Stratton, 1989). In a study comparing the effects of behavioural parent training (BPT) and standard dietary education (SDE) in the treatment of children with persistent feeding difficulties, it was found that whereas both treatments resulted in improvements on behavioural measures, the parents who received BPT showed more positive mother-child interactions during mealtimes and were more satisfied with treatment than parents in the SDE group (Turner, Sanders, & Wall, 1994).

1.5 Positive Parenting Programme - Triple P

The procedures described in this paper are based on the work of Matthew Sanders and colleagues, who, over several years, have developed Triple P: A multilevel intervention program for children with behaviour disorders. Triple P was originally created to promote positive and caring relationships between parents and children and to help parents develop

effective discipline strategies. Sanders and Markie-Dadds (1996) believe that improving parents' skills will help to move children at risk of the development of behaviour problems away from the developmental trajectory leading to more severe antisocial behaviour. In addition, Triple P aims to increase parents' sense of competence, improve marital communication regarding parenting, and reduce parenting stress.

The programme acknowledges individual differences in the severity of problems experienced by parents, their range of knowledge, motivation, access to support, and presence of additional stressors, and attempts to accommodate these differences by offering a range of interventions.
These intervention levels range from low-cost self-help programs (level 1) to brief supported interventions (level 2), parent training programs (levels 3 & 4), and intensive behavioural family intervention programs (level 5), which include elements to address additional family problems such as marital discord, parental depression, and parenting stress (Sanders & Markie-Dadds, 1996).

In the development of Triple P, Sanders and Markie-Dadds (1996) have drawn on several theoretical perspectives. Firstly, they have drawn on the work of Baer, Wolf, and Risley (1968), including the use of many of their behaviour change techniques (e.g., contingent positive social attention and incidental teaching). Applied behaviour analysis, while focusing on objectively defined, observable behaviours of social significance (Cooper, Heron, & Heward, 1987) does not address which particular goals, competencies, and social contexts need to be targeted in order to prevent problem behaviour disorders (Sanders & Markie-Dadds, 1996). Secondly, Triple P has drawn from the work of White (1990). The programme incorporates White's model of social competence, which stresses the importance of parents teaching children social skills as an alternative to aggressive behaviour in conflict resolution. This is done through the use of social attention and incidental teaching to promote language competence, which in turn enables the child to express their ideas and opinions in socially acceptable ways (Sanders & Markie-Dadds, 1996).

A third theoretical perspective that has contributed to the development of Triple P is that of attachment theorists such as Greenberg, Speltz, and DeKlyen (1993). As stated by Greenberg et.al (1993), children who are insecurely attached to their caregivers are at an increased level of risk for the development of behaviour problems. As this pattern of

attachment is often associated with a parenting style including anxiety, ambivalence, or rejection, Triple P assumes that through focusing on the promotion of positive parent-child interactions, the effects of insecure attachment may in part be ameliorated (Sanders & Markie-Dadds, 1996). This assumption however, has not been empirically tested using a Triple P intervention.

Fourthly, Triple P has utilised the framework outlined by social learning theory (Bandura, 1977) to incorporate elements into the programme that cover parents' cognitive appraisal of the interactions that they have with their children and the attributions they assign to their children's behaviour. Parents' causal attributions of their children's behaviour are addressed using the guided participation model developed by Sanders and Lawton (1993). This model involves parents being led through a process that involves the presentation and discussion of relevant data and information regarding possible causes of the child's behaviour with careful monitoring of the parents' understanding and reactions. Checks for accuracy are included before a summary is agreed upon that reflects a shared understanding of the nature, causes, and treatment of the child's behaviour problem (Parent & Family Support Centre [PFSC], 1997b). Through the gradual reduction of therapist assistance, Triple P aims to encourage independent problem-solving in parents who have acquired the relevant skills and knowledge (Sanders & Markie-Dadds, 1996).

Finally, by incorporating knowledge gained by researchers in developmental psychopathology as to the effects of factors such as marital discord on the development of disruptive behaviour (Emery, 1982), Triple P has included components in their programme that specifically addresses these issues.

Various aspects of the Triple P programme have been tested on a wide range of child problems including independent eating (Sanders, Patel, LeGrice, & Shepherd, 1993), sleep disturbances (Turner, Sanders, & Wall, 1994), recurrent pain (Sanders, Cleghorn, Shepherd, & Patrick, 1996), Attention Deficit Hyperactivity Disorder (Sheridan & Sanders, 1996), and child oppositional behaviours (Connell, Sanders, & Markie-Dadds, 1997). The efficacy of Triple P as a standardised intervention programme is currently being investigated in a number of studies.

A large-scale population based Triple P intervention aimed at preventing child behaviour problems was conducted in Perth, Australia (Williams, Zubrick, Silburn, & Sanders, 1997).

Eight hundred families with preschool children exhibiting behaviour problems were recruited via media, posters, and self or professional referral. The programme consisted of a Level 3 intervention comprising four, weekly, two-hour workshops followed by four, weekly telephone calls. The intervention was delivered to groups of parents by community health workers trained in Triple P who were supervised by clinical psychologists and social workers.

The effect of the programme on child behaviour problems was measured using the *Eyberg Child Behaviour Inventory* (*ECBI*, Eyberg & Robinson, 1983) at both pre and post intervention. Postintervention results showed a significant decrease in the number of children exhibiting behaviours in the clinical range. The effect of the intervention on dysfunctional parenting behaviours and negative parental affect was assessed using a variety of parental report measures. Postintervention scores on the *Parenting Scale* (Arnold, O'Leary, Wolff, & Acker, 1993), the *Parent Problem Checklist* (Dadds & Powell, 1991), *The Depression-Anxiety-Stress Scales* (*DASS*; Lovibond & Lovibond, 1993, cited in Lovibond & Lovibond, 1995), and the Dyadic Adjustment Scale (Sharpley & Rodger, 1984) showed significant decreases on all measures with the exception of the Anxiety subscale of the *DASS*.

1.6 The Present Study

As has been shown, the success of past interventions has been limited, largely due to the inability of the parents of stealers to adequately monitor their child's behaviour (Patterson, 1982). This is in keeping with Reid and Hendriks (1973) findings that stealers and their families are relatively distant, having only loose social ties with one another. They suggest that these families may not have powerful social reinforcers at their disposal to use effectively within a social learning paradigm. This paradigm posits that "learning occurs within a social nexus: rewards, punishments, and other events are mediated by human agents and within attachment systems, and are not simply the impersonal consequences of behaviour" (Herbert, 1987, p. 5). This conceptualisation of problem behaviour as a learned response has led to behavioural interventions based on the assumption that behaviour that has been learned can be unlearned or modified, often in brief periods of treatment (Herbert, 1987).

Past programmes aimed at eliminating stealing have focused almost exclusively on the target behaviour. This has resulted in children who steal experiencing fewer gains than children with other behaviour problems have (e.g., Reid & Hendriks, 1973). As mentioned earlier, there are a lack of empirically validated treatments available for children who lie (Paniagua, 1989). In the present study, the effectiveness of a Triple P Level 4 intervention on a child's stealing and/or lying behaviour was assessed. By using a programme that addresses multiple facets of parenting (e.g., creating a safe, engaging environment and the use of contingent discipline), it was hoped that parents would gain the skills necessary to monitor their child's behaviour and therefore reduce or eliminate the instances of stealing and/or lying.

Findings have shown that parent-training programmes to ameliorate the effects of disruptors are most effective when applied to younger antisocial children (Kazdin, 1987), suggesting that early intervention with families whose children exhibit antisocial behaviour is vital for successful outcomes. While Triple P programmes have been trialed as primary prevention measures (e.g., Williams et.al., 1997), few studies have been done using Triple P as a secondary prevention measure where participants already show some early, mild or moderate signs of dysfunction.

The present study sought to investigate the efficacy of a Triple P Level 4 programme with preadolescent boys aged between five and ten years who exhibit fairly high rates of stealing and/or lying. Participants took part in a 12-week behavioural family intervention. Treatment outcome was assessed in terms of stealing and/or lying instances and maternal self-report measures of perceptions of disruptive behaviour (*The Eyberg Child Behaviour Inventory*; *ECBI*, Eyberg & Robinson, 1983), maternal self-esteem (*The Parenting Sense of Competence Scale*; *PSOC*, Johnston & Mash, 1989), and maternal depression, anxiety and stress (*The Depression-Anxiety-Stress Scale*; *DASS*, Lovibond & Lovibond, 1993, cited in Lovibond & Lovibond, 1995).

Section 2

Method

2.1 Participants and their Families

Participants for this study were recruited via advertisements placed in free, local community newspapers inviting families with a child aged between 5 and 10 years who stole to volunteer for inclusion in a behavioural family intervention (see Appendix A) and by sending letters to community agencies, seeking referrals (see Appendix B). Both the participants in the study were recruited via the newspaper advertisements. Respondents were contacted by telephone and asked if they or their child were receiving any other form of treatment for stealing. Only those respondents who were receiving no other treatment were considered. Respondents were then informed of the programmes' definition of stealing and lying:

Stealing has occurred when the child is in the possession of any item that does not belong to them and that they can not prove they have permission to be in possession of.

Lying has occurred if the parents suspect that the child has deliberately said something that the child knows is untrue.

Respondents were then asked how often their child stole and/or lied using these definitions. Only those respondents whose child stole at least once per week or lied at least three times per week were considered for inclusion. A brief outline of the programme was then given over the telephone, explaining what would be required of them, finally, respondents were asked if they would be interested in participating in the research. Those who indicated interest were sent an information sheet in the mail (see Appendix C). Prospective participants were contacted by telephone soon afterwards, their participation (if agreed to), was confirmed and their first appointment date was made. It was also explained during this conversation that they would be required to retrospectively record stealing instances for the four weeks prior to and including the week of the first appointment. A diary for this purpose was mailed to them.

Family 1 was a married couple, 'Anne' & 'Bill' with a 6-year-old boy, 'Carl'. Anne and Bill began treatment together but Bill only attended 2 sessions before withdrawing. Anne was prepared to continue without his involvement. Family 2 was also a married couple,

'Diane' & 'Ed', with a 10 year old boy 'Fred'. At the commencement of the programmed, Ed was out of town for 6 weeks so Diane completed the programme alone.

The study was reviewed by the University of Canterbury Ethics Committee. Informed, written consent was obtained from all those involved in the program and they were reminded that confidentiality would be maintained at all times (see Appendix D).

2.2 Setting

The programme was run from the researcher's office in the Health and Social Psychology Annex at the University of Canterbury. Sessions 6,7, and 8 were conducted in the participant's home.

2.3 Therapist

The therapist who delivered the programme was also the researcher, a 38-year-old woman who was a parent of two teenaged children. She had received prior training in the delivery of a Triple P Level Four intervention from Dr Matthew Sanders and Mr. Steven Hayns in 1997.

2.4 Materials

Participants were supplied with a copy of *Every Parent: A positive approach to children's behaviour* (Sanders, 1992) which they were able to keep upon completion of the research. They were also given a copy of the accompanying workbook, *Every parent's workbook: A practical guide to positive parenting* (Sanders, Lynch, & Markie-Dadds, 1994) to keep, and a copy of the video *Every parent's guide to primary schoolers* (Sanders, Turner, & Markie-Dadds, 1996) which they were asked to return at the completion of the programme.

Three standardised assessment measures were used in the research:

The Eyberg Child Behaviour Inventory (*ECBI*; Eyberg & Robinson, 1983) is a 36-item scale measuring parental perceptions of disruptive behaviour. The ECBI uses two scales, *Intensity* (a 7-point Likert type scale measuring frequency from never to always) and *Problem* (a yes/no scale). It has satisfactory reliability and validity. Scores on the intensity scale of 127+ and of 11+ on the problem scale are said to be in the clinical range.

The Depression-Anxiety-Stress Scale (*DASS*; Lovibond & Lovibond, 1993, cited in Lovibond & Lovibond, 1995) is a 42-item scale incorporating three dimensions: depression, anxiety and stress. It uses a 4-point Likert type scale and reports high levels of reliability and validity on all three scales. It also correlates highly with the Beck Depression Inventory. Raw scores can be converted to Z scores for comparison between scales, relative to norms: Depression M=6.34, SD=6.97; Anxiety M=4.70, SD=4.91; Stress M=10.11, SD=7.91. Table 1 below shows *DASS* severity ratings.

Table 1. *DASS* severity ratings

	Z score	Depression	Anxiety	Stress
Normal	<0.5	0-9	0-7	0-14
Mild	0.5-1.0	10-13	8-9	15-18
Moderate	1.0-2.0	14-20	10-14	19-25
Severe	2.0-3.0	21-27	15-19	26-33
Extremely severe	>3.0	28+	20+	34+

The Parenting Sense of Competence Scale (*PSOC*; Johnston & Mash, 1989) is a 17-item, 6-point Likert type scale measuring parenting self-esteem across two dimensions: efficacy and satisfaction. This has moderate levels of reliability, test-retest reliability and internal reliability. Table 2 shows means and standard deviations for mothers' scores for two age ranges of boys. Normal scores are those that are within one standard deviation of the mean.

Table 2. *Parents Sense of Competency* Norms

Mothers	Total *PSOC* M	Total *PSOC* SD	Satisfaction M	Satisfaction SD	Efficacy M	Efficacy SD
Boys (4,5, or 6 years)	63.00	9.74	37.40	6.60	25.52	5.29
Boys (7,8, or 9 years)	62.48	9.72	37.69	6.13	24.79	5.79

2.5 Procedure

2.5.1 Design

A non-concurrent multiple-baseline across-subjects design was used. However, due to the difficulties experienced in recruiting participants (see Appendix G), the baseline lengths were equal.

2.5.2 Baseline

As previously mentioned, both families involved in the study were given a diary and requested to record, on a daily basis, any instances of stealing (Family One) or stealing and/or lying (Family Two) for the entire duration of the program. Four weeks of baseline data were gathered retrospectively from each family prior to commencement of the programme. While the use of retrospective data has been questioned (Radke-Yarrow, Campbell, & Burton, 1970), the risks to the reliability of the data were considered to be minimal. Due to the severity of the problem behaviour it was considered unethical to withhold treatment for the convenience of research purposes. For the short time that families did have to wait for treatment, they were requested to continue dealing with stealing instances in the same manner that they had done so in the past.

Under the multiple-baseline-across-subjects design (Baer, Wolf, & Risley, 1968), steady state responding must be achieved under baseline prior to the application of the independent variable (Triple P). An approximation of this was achieved by setting minimum levels of target behaviour as part of the inclusion criteria.

2.5.3 Treatment

Session 1:

Intake Interview

The first session began with establishing rapport with the parent(s) and assisting them to outline their concerns. This was done without the child present. Clarification of the presenting problem including intensity, frequency etc. was discussed before obtaining a developmental history. The problem behaviour (stealing and/or lying) was classified as a behavioural excess. The parent's expectations for treatment were discussed. The parents

were given three self-report measures to complete before the next session, namely the *ECBI*, the *PSOC*, and the *DASS*.

The parents were asked to continue recording instances of the target behaviour in the diary provided and bring this to subsequent sessions. The parents were asked to bring their child to the next session.

Session 2: Observation of Family Interaction

The child was set up in an age appropriate activity in a room adjacent to the therapist's office that was equipped with a selection of toys, puzzles art materials and Lego. The child was told that the adults were having a talk and they would be in to see him soon.

The session goals were outlined to the parents. The self-report measures were then collected for later scoring. It was then explained that the parent would be asked to engage in an activity with their child for approximately fifteen minutes and then to ask the child to clear away the toys. This interaction was observed by the therapist.

At the completion of the observation, the therapist asked the parent how typical the child's behaviour had been and any variations from the norm were discussed. Parents were asked to continue recording any instances of stealing/lying. Prior to making their next appointment parents were given a copy of the video, book and workbook. They were asked to watch the video and to read chapters 1 and 2 of the book and to do the homework that accompanied it before the next session.

Session 3: Communicating Assessment Findings.

The proposed goals for the session were outlined before gaining a brief update on the child's behaviour. The next 10-15 minutes of the session were spent giving feedback from the assessment data gathered from the self-report measures, interview and observation. This was done using the Guided Participation Model of Information Transfer (Sanders & Lawton, 1993) where the therapist and parents discuss the assessment information in order to establish a shared perspective of the nature and causes of the problem and to establish joint goals for treatment. This model allows parents the opportunity to challenge the therapist's views and express any concerns whilst also allowing the therapist the opportunity to influence the parent's view of the problem in order that they may be more conducive to information regarding the proposed treatment plan.

Parents were then referred to their homework and the possible causes of children's behaviour were reviewed. This was done with the aid of a whiteboard with the therapist encouraging the parent to offer examples for each point as it was discussed. Those examples that the parents had noted in their homework as being implicated in the development of behavioural problems within their own family were highlighted.

The therapist then described the three main components of the programme: (1) the assessment and feedback of findings; (2) the promotion of social competence and social control in children; and (3) planning to prevent problems in situations that are high risk for misbehaviour. The importance of the homework component was emphasised along with the active process of therapy. The changes that parents hoped to see in their own and their children's behaviour were discussed. The next appointment was scheduled and parents were asked to read chapter 3 of *Every Parent* and to complete the accompanying homework before the nest session.

Session 4: Managing Difficult Behaviour.

The session goals were outlined and a brief update of child's behaviour was obtained. The notion of social competence was introduced in relation to the week's homework. Strategies for promoting social competence were reviewed and the parents were asked to think about how each strategy could be used in their own homes. These strategies were:

* spending quality time with your child
* tuning in to desirable behaviour
* giving plenty of physical affection
* conversing with children
* using incidental teaching
* setting a good example
* encouraging independence through 'ask,say,do'
* providing engaging activities for children

The importance of praise and incidental teaching were emphasised and the links between incidental teaching and language development were discussed. These were discussed again in greater detail later in the session.

The use of positive attending was modeled by the therapist. Parents were then introduced to idea of role-play. The therapist took the role of the parent and the parent played the

child. Roles were then reversed. This behavioural rehearsal method was used until the parent had reached a satisfactory level of performance.

The same technique was used to model and role-play incidental teaching.

Parents were then encouraged to set personal goals for promoting social competence within their own families and to monitor their progress using the forms provided in their workbooks.

The strategies for misbehaviour were then reviewed, with parents asked to give examples from their own experiences. These strategies were:

* establishing clear ground rules
* dealing with rule breaking through directed discussion
* using good behaviour charts
* giving clear calm instructions
* backing up requests with logical consequences
* quiet time
* time out
* planned ignoring
* planning activities to prevent behaviour problems

The list of family rules that the parents had compiled was reviewed and checked for appropriateness and reframed in positive language if necessary.

A role-play was then done using the routine for promoting compliance. This was repeated and reversed until the parents could accurately implement the skill.

Parents were asked to review chapter 3 of *Every Parent* and to identify and record some rewards and consequences to back up family rules. Parents were also asked not to implement any of the strategies for dealing with misbehaviour at this point.

Session 5: Behaviour Correction Routines

The session goals were outlined, the current stealing and/or lying rate was discussed and homework was reviewed.

Behaviour charts were introduced as a behaviour change strategy with reference to *Every Parent* (Sanders, 1992) and the workbook. The use of the chart in relation to stealing was

explained. Parental resistance to the use of charts was discussed and the short-term nature and sense of achievement that children gain from their use was explained.

Procedures for aggression, interrupting and minor whining were introduced that covered skills such as quiet time and time-out. A specific strategy was introduced to deal with stealing and lying incidents. Parents were given a copy of Triple P tip sheet that was specific to stealing or lying (Sanders, Turner, & Markie-Dadds, 1996) and asked to follow the procedures. This included methods such as acting on the suspicion of guilt rather than waiting for proof, telling the child the problem and the consequence (i.e., returning stolen items and additional consequences such as time-out or loss of privilege).

Parents were reminded that often misbehaviour may increase for a short time after the introduction of new strategies and that this was quite normal. They were encouraged to remain calm and to try again at the next opportunity. An appointment was made for the next session to be held at the family home. A brief discussion was entered into as to the format of the home visit. Parents were reminded to review the appropriate chapters of *Every Parent* and to complete the tasks in the workbook as well as continuing to implement strategies for promoting social competence. In addition, they were asked to explain family rules and consequences to the child, display the rules in a prominent place, implement management techniques for dealing with misbehaviour and implement behaviour charts.

Session 6, 7 & 8: Home Visits I, II & III.

The parent's goals were reviewed for the session to ensure that they were specific and achievable. Current stealing and/or lying rate was discussed.

The parent was told that they would be required to interact with the child for 15-20 minutes. During this time they were asked to engage with the child in an activity and after a reasonable period of time withdraw their participation. Prior to the end of the observation the child would be asked to perform a task such as clearing away toys. This was to enable the therapist to observe the child and parent in a range of behaviours. During the observation the therapist discretely recorded when the parent correctly and incorrectly followed management protocol and instances of general and specific praise and clear and vague instructions.

The parent was then prompted to set the child up in an activity and request that the adults not be interrupted. During the following feedback period the parent was prompted to offer the child praise for not interrupting. The parent was then asked to self-evaluate their performance, giving examples of what they felt they did well and what they could have done differently. The therapist offered reinforcement for specific behaviours identified by the parent and described two situations that the parent handled well.

The use of behaviour charts was reviewed and goals and rewards were refined as necessary. Homework was assigned including identifying specific skills for parent to practice (e.g., monitoring and giving praise) and goals for next observation session were set.

Session 9: Introduction to Planned Activities

The goals for the session were outlined, current stealing and/or lying rate was discussed and homework reviewed.

The progress to date was reviewed with referral to behaviour diary. Problem settings were identified (i.e., high-risk settings) and these were ranked in order of difficulty.

The rationale for planned activities was explained (i.e., children engaged in activities have less opportunity for misbehaviour, prevention is better than cure, lack of encouragement can create problems due to boredom). It was then discussed how to prepare for situations in advance by managing time more effectively with parents suggestions reinforced. Selecting engaging activities was also discussed, and the extension of children's engagement through the use of incidental teaching. A role-play was used to illustrate how parents could do this. Parents were prompted to identify possible reinforcers in various settings.

The use of 'stealing probes' was discussed and parents were asked to implement a probe before the next session. Parents were instructed that if money was used, then this must have some identifying mark on it. In the event that the child did steal the item, then they were to follow the procedures on the tip sheet.

The selection and application of practical consequences for undesired behaviour was reviewed and parents were prompted to adapt techniques to a variety of situations. The therapist then modeled how to give children positive feedback regarding desirable and undesirable behaviour.

The week's homework was assigned and the next appointment scheduled.

Session 10: Planned Activities Training Continued

Session goals were outlined and the current stealing and/or lying rate was discussed before reviewing the week's homework.

Procedural checklists for high-risk settings were established in conjunction with the workbook. Parents were encouraged to identify three settings and work through the checklist identifying rules, activities, rewards and consequences appropriate to those settings. Future goals were established.

Arrangements were then made for the child to attend the next session and parents were prompted to bring toys or activities to engage the children. The purpose of this (to encourage independent play, incidental teaching and rule discussion when getting ready to go out) was explained to the parents.

Parents were asked to arrange an outing immediately after the next session so that the session could be used as planning for that outing.

Homework for the following week was assigned.

Session 11: Observation of Planned Activities Training

Session goals were outlined and the current stealing and/or lying rate was discussed.

The parent was then prompted to explain the ground rules to the child and to set them up in an activity.

Homework was then reviewed while simultaneously prompting the parent to interrupt the conversation to praise the child for not interrupting and for following the rules. Parents were then prompted to identify solutions to problems that they had encountered during the week and feedback was provided by the therapist.

A practice session of incidental teaching and structured play was set then up by the parents and feedback was given. Finally, the parents plan for going out after the session was reviewed. Family Two was asked to do another stealing probe before the next session.

Homework was assigned and the parents were asked to bring the child to the final session.

Session 12: Closure and Maintenance

Goals for the session were reviewed and the current stealing and/or lying rate was discussed.

The parent was then asked to set up the child in an activity with minimal help from therapist. The homework was then reviewed and parent praised the child for not interrupting and following rules.

The parent was then instructed to interact with the child for 15 minutes while the therapist observed the parent's use of discussion skills, incidental teaching and behaviour correction techniques. The parent was then encouraged to self-evaluate. They were then asked to select a remaining problem or an anticipated one and use problem-solving skills to plan strategies for dealing with it.

Progress was discussed and the parent identified changes they had made. The parents then set their own homework tasks. Parents were then given post assessment questionnaires, the *ECBI*, the *PSOC*, and the *DASS*. These were scored and feedback was given. Parents were informed that they would be contacted in 10 weeks time to gather follow-up data. They were then thanked for their participation in the programme.

2.5.4 Follow-up

Ten weeks after the completion of the intervention, both families were sent the recording diaries, copies of the *PSOC*, *ECBI*, and *DASS*, and stamped envelopes addressed to the researcher at the University of Canterbury. They were requested to recommence recording instances of target behaviours for a period of three weeks. At the end of the three-week period, they were asked to fill out the self-report forms and return these and the diary via the mail.

Section 3

Results

3.1 Child's Target Behaviour

3.1.1 Baseline

Figure 1 below shows the recorded number of stealing instances for Family One (Carl) and the recorded stealing and lying instances for Family Two (Fred). Baseline data show that Carl was stealing at a rate in excess of three times per week. During week one of baseline, Anne reported that he had stolen on 8 occasions. During baseline, Fred was reported to have stolen on average once per week. During this same period, Fred was reported to have lied more than three times per week.

3.1.2 Intervention Phase

During the intervention phase, the number of reported stealing instances for Carl reduced markedly, with no reported instances in seven out of the twelve weeks. Reported instances of stealing for Fred also fell, with no stealing reported in eleven out of the twelve intervention weeks. Stealing 'probes' were used by Fred's mother Diane between weeks 13 and 14, and weeks 15 and 16 (corresponding with weeks 9 and 10, and weeks 11 and 12 of the Triple P programme). Both these probes resulting in no stealing instances in the following week. Fred's lying during the intervention phase remained at a high level, fluctuating between 2 and 8 instances per week, until week 13 when the behaviour was no longer exhibited.

3.1.3 Follow-up Phase

Ten weeks after the completion of the Triple P programme, follow-up data was collected. Both families reported a complete cessation of the target behaviours.

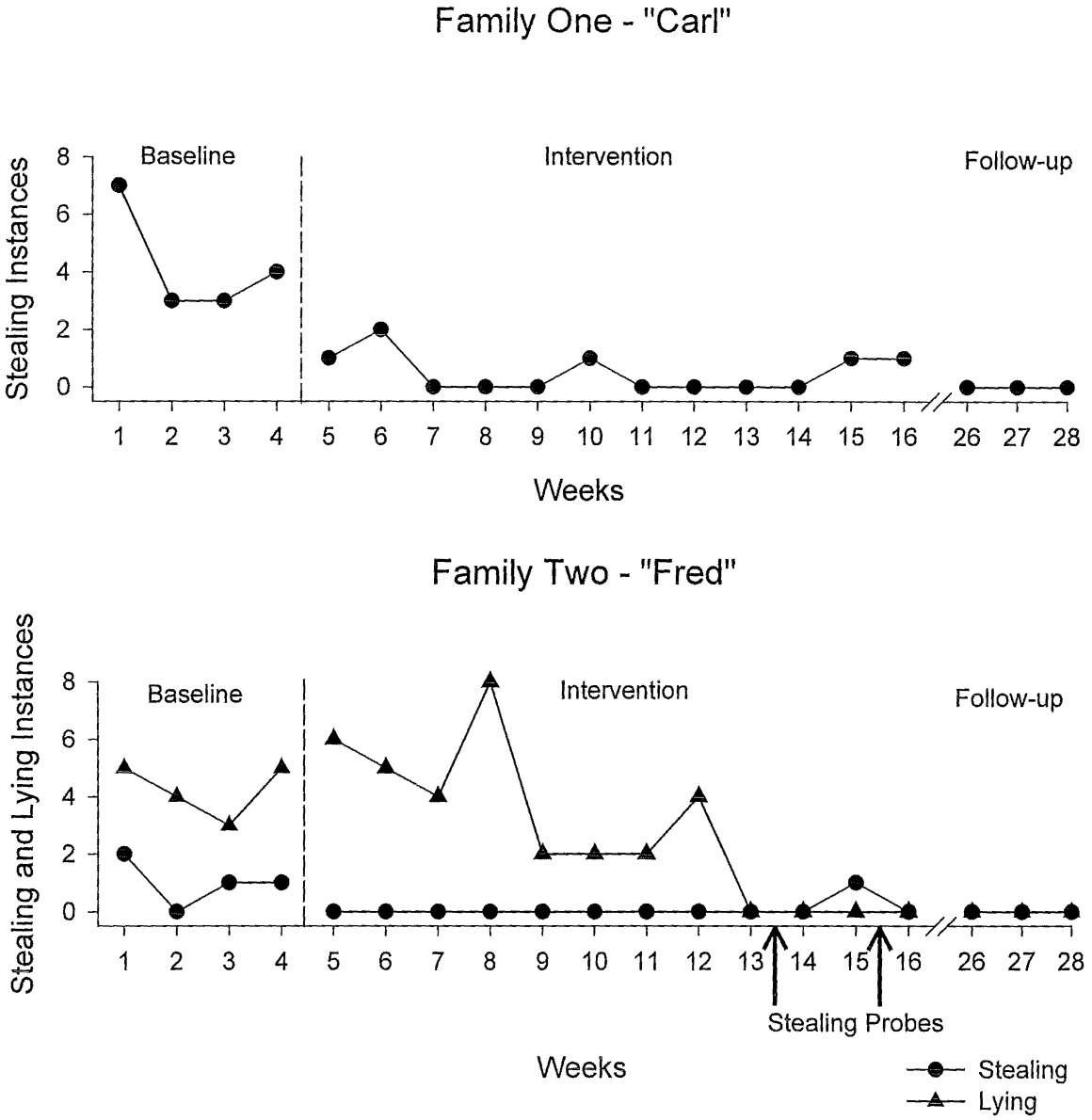

Figure 1. Parental weekly reports of stealing and/or lying behaviour for two pre-adolescent boys during baseline, intervention, and follow-up phases of a Triple P Level 4 behavioural family intervention.

3.2 Maternal Self-Report Measures

3.2.1 *Eyberg Child Behaviour Inventory - ECBI*

Problem Scale

Pre-intervention data shown in Figure 2 below revealed that both mothers reported child behaviour problems exceeded the clinical cut-off value of 11. Family One reported 15 problem behaviours, and Family Two reported 13.

At completion of the programme, Family One reported an increase in the number of problem behaviours to 17, whereas Family Two reported no problem behaviours at all. Similarly, at follow-up, Family One reported a further increase to 18 problem behaviours and Family Two again reported an absence of problem behaviours.

Intensity Scale

Figure 2 below also shows the intensity scores from the *ECBI* self-report measures. Scores exceeding 127 are said to be in the clinical range. Family One remained within the clinical range at pre- and post-intervention with scores of 138 and 135respectively, but fell below the clinical cut-off at follow-up with a score of 125. Family Two reported scores close to the clinical range at pre-intervention with 114, but by post-intervention this had reduced by 42% to a score of 66. At follow-up Family Two's intensity score had reduced further, to 62.

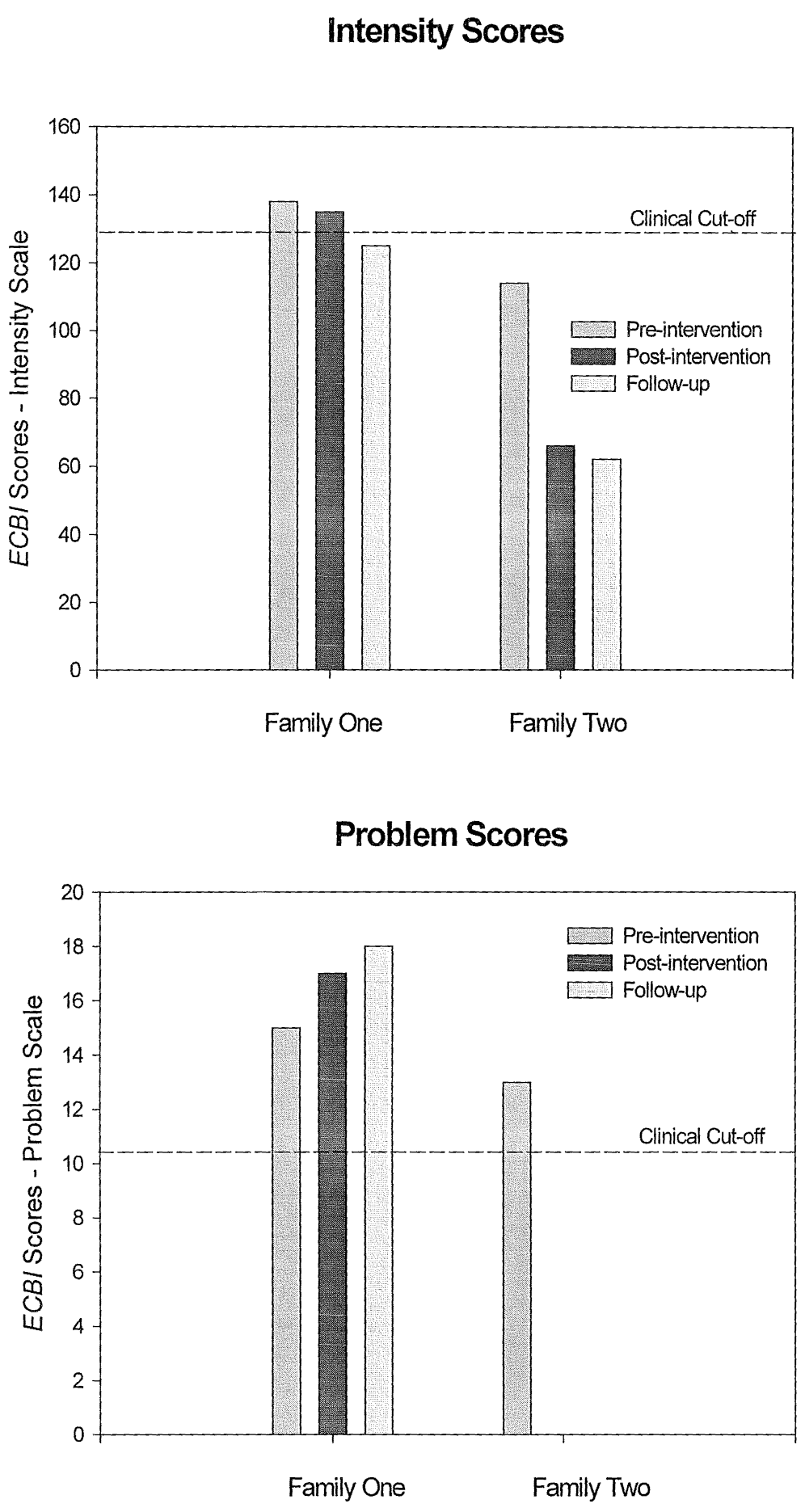

Figure 2. *Eyberg Child Behaviour Inventory (ECBI)* scores for Family One and Family Two at Pre-intervention, Post-intervention, and Follow-up.

3.2.2 *Depression-Anxiety-Stress Scale - DASS*

Depression Scale

DASS scores on the depression scale from 0-9 are within the normal range (see Table 1 above). At pre-intervention both Anne and Diane reported scores outside the normal range as shown in Figure 3 below. Anne scored 23 which placed her in the severely depressed range and Diane scored 13, which placed her in the mildly depressed range. These pen and paper measures concurred with verbal reports of mood from both women. At the completion of the programme and again at follow-up, both Anne and Diane scored well within the normal range.

Anxiety Scale

The pre-intervention score of 8, shown in Figure 3 below, for Anne placed her in the mildly anxious range (see Table 1 above). At both post-intervention and follow-up, Anne's anxiety had reduced to within the normal range with scores of 0 and 2 respectively. Diane reported scores of zero at pre- and post-intervention and again at follow-up, placing her in the normal range for anxiety.

Stress Scale

Also shown in Figure 3 below are the maternal self-report scores for the stress-related questions in the *DASS*. At pre-intervention Anne's score of 21 was in the moderately stressed range (see Table 1 above). This score improved to within the normal range at both post-intervention and follow-up, yielding scores of 8 on both occasions. Diane's score of 17 translates to mild levels of stress (see Table 1 above). At both post-intervention and follow-up, this score had reduced to 3 which is within the normal range.

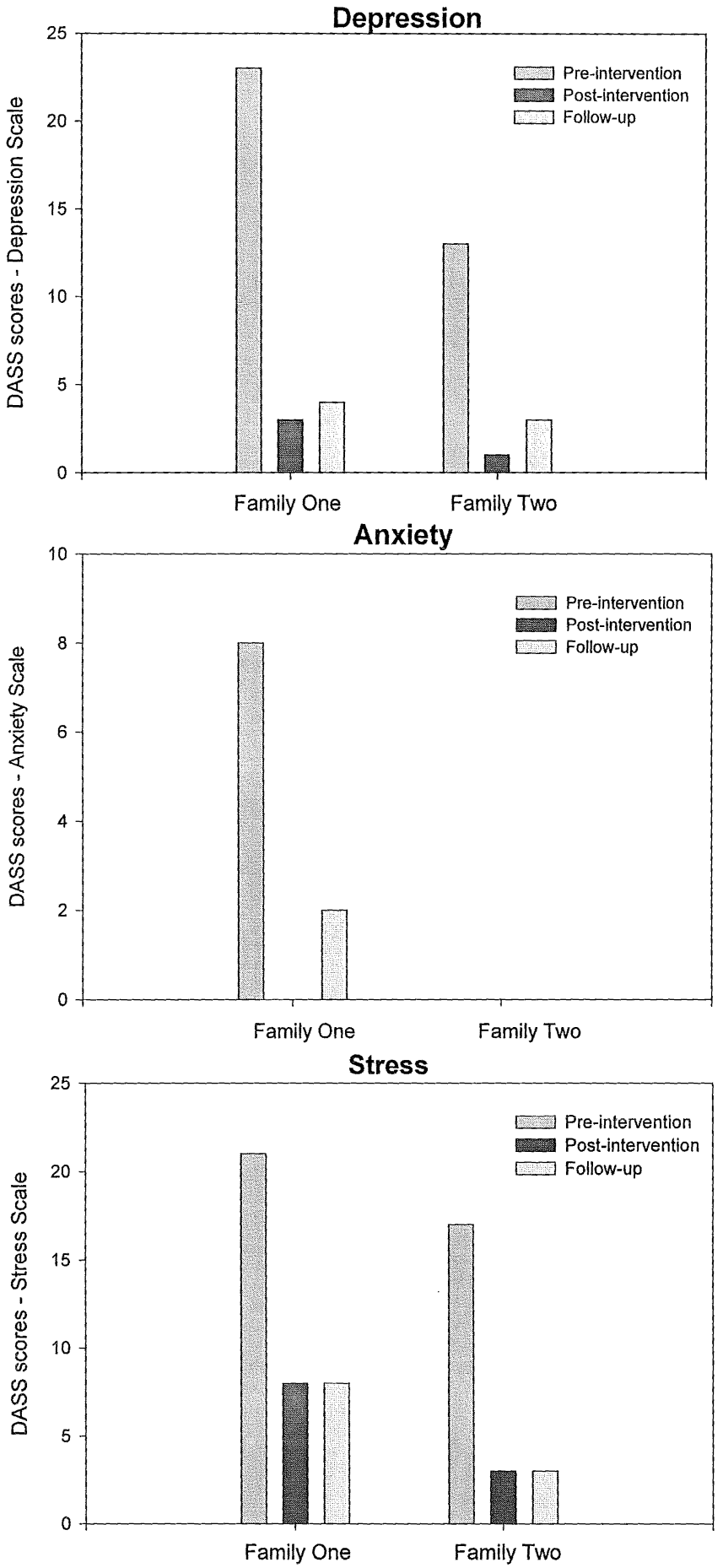

Figure 3. *Depression-Anxiety-Sress Scale (DASS)* scores for Family One (Anne) and Family Two (Diane) at Pre-intervention, Post-intervention, and Follow-up.

3.2.3 *Parenting Sense of Competency Scale - PSOC*

Family One

Satisfaction Scores

PSOC scores for Anne are presented in Figure 4 below. When analysed using the norms presented in Table 2 above, it can be seen that at pre-intervention, Anne's satisfaction score of 30 placed her one standard deviation below the mean. Compared to the norms for this measure, Anne rated herself as less satisfied in her role as a parent. At both post-intervention and follow-up, Anne's satisfaction with her role increased, placing her within the normal range.

Efficacy Scores

Also shown in Figure 4 below are the efficacy scores for Anne. Again, when referring to Table 2 above, it can be seen that Anne's pre- and post-intervention scores were within the normal range. By follow-up, however, Anne reported a higher sense of efficacy as a parent than is the norm.

Total Scores

On all three occasions that measurements were taken, Anne's total *PSOC* scores were within the normal range.

Family Two

Satisfaction Scores

PSOC scores for Diane are also presented in Figure 4 below. When analysed using the norms presented in Table 2 above, it can be seen that at pre-intervention, Diane's satisfaction score of 28 placed her one standard deviation below the mean. Compared to the norms for this measure, Diane rated herself as less satisfied in her role as a parent. At both post-intervention and follow-up, Diane's satisfaction with her role increased, placing her within the normal range

Efficacy Scores

Also shown in Figure 4 below are the efficacy scores for Diane. Again, when referring to Table 2 above, it can be seen that Diane's pre-intervention score of 24 was within the normal range. By the completion of the programme, this score had increased to 32, placing her score one standard deviation above the mean. This was also the case at follow-up,

when she scored 35. This indicates that on both occasions, Diane felt a higher sense of efficacy as a parent than is the norm.

Total Scores

Before commencing the Triple P programme, Diane's total *PSOC* score was lower than the norm, at 52. However, immediately after completing the programme and again at follow-up, her scores increased to within the normal range.

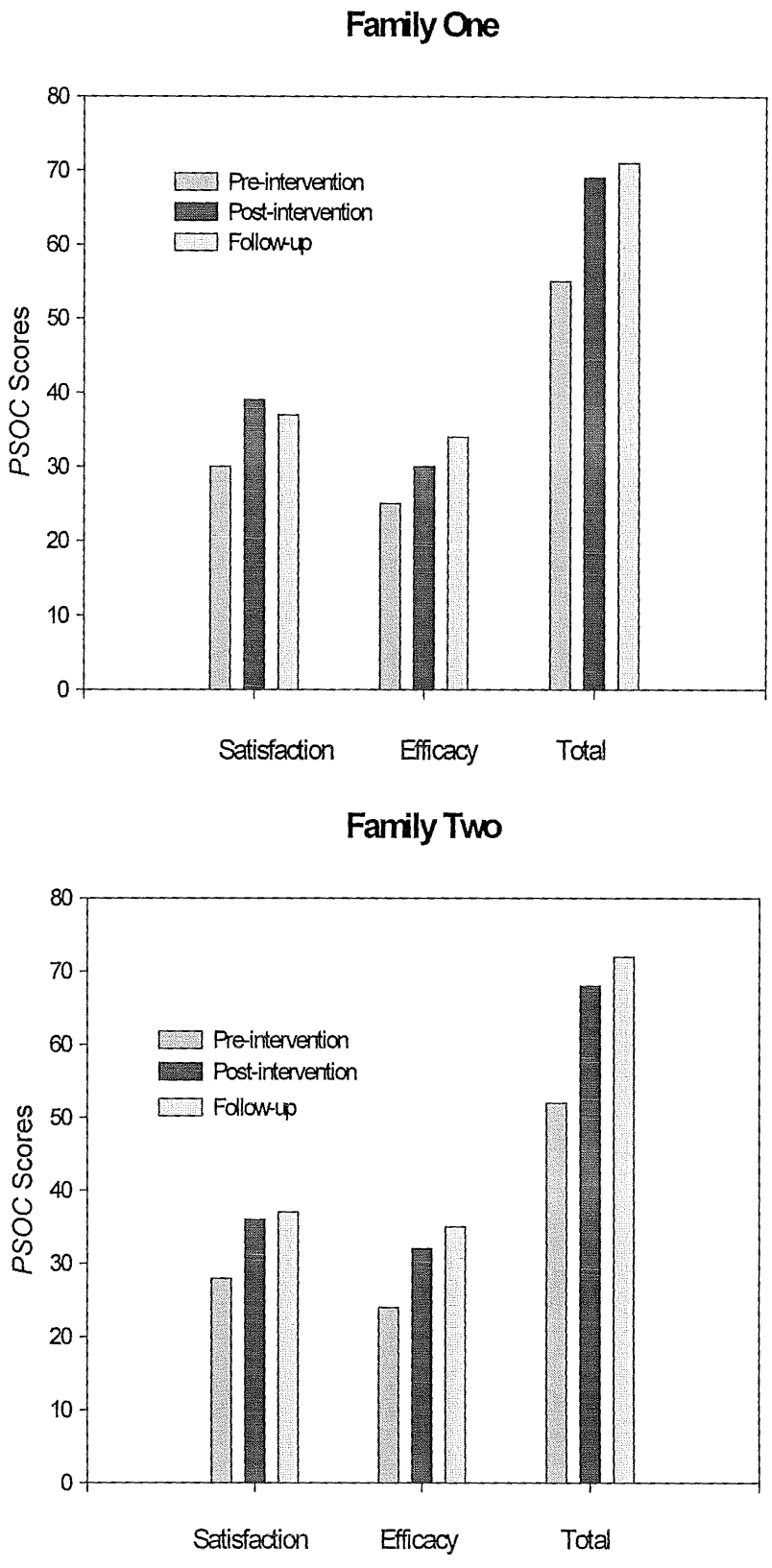

Figure 4. *Parent Sense of Competence (PSOC)* scores for Family One and Family Two at Pre-intervention, Post-intervention, and Follow-up.

Section 4

Discussion

4.1 Intervention Outcomes

4.1.1 Child Behaviour

Results have shown that a Triple P Level 4 behavioural family intervention has been successful in the reduction of stealing behaviour of a 6 year old boy, and the elimination of stealing and lying behaviour of a 10 year old boy. As Figure 1 (above) shows, both mothers reported an immediate reduction in stealing following the commencement of the intervention, with Family Two reporting an almost total elimination of stealing. Family Two reported decreases in lying from the fifth week of the intervention phase onwards. Decreases in either of these behaviours were not expected until after the fifth week of the intervention phase, as this was the point in the programme at which parents were asked to begin implementing the skills they had learned.

There are several possible explanations for the unexpectedly early reduction in the stealing behaviour. Firstly, it is possible that this behaviour spontaneously ameliorated for reasons entirely unrelated to the intervention. Given the high baseline rate of this behaviour and the durability of the effect, this in an unlikely explanation.

Secondly, these early reductions may have been due to the boys realising that their mothers were serious about eliminating this behaviour as evidenced by their participation in the programme. Both boys were aware of their parents' participation from the onset. The fact that their mothers were actively seeking help with this problem may well have alerted them to the fact that subsequent stealing acts had a greater likelihood of detection. While this explanation may have accounted for the early reductions, it is unlikely that these reduced levels of stealing would have been maintained throughout the programme and at 10 week follow-up if the mothers had not gained skills and confidence from the programme in the management of this behaviour.

Additionally, if this were a veridical explanation, it would be reasonable to assume that the same immediate reductions would have been evident for the lying behaviour. This was clearly not the case, as Family Two did not report a decrease in lying behaviour until after

the fifth week of the intervention. A possible explanation as to why the two target behaviours did not decrease at the same time may be because, at least initially, lying was seen as a less serious problem by Fred's mother, and therefore a less risky behaviour for Fred to engage in. Lying was initially seen as less of a problem behaviour than stealing, although both maternal reports of baseline levels of lying and Fred's verbal reports during assessment indicated high levels of this behaviour. Fred was unable to estimate numerically how often he stole, but when asked to indicate with his arms outstretched (wide apart indicating a lot of lies and close together indicating few lies), he held his arms to their maximum extension. In his opinion, he told a lot of lies. The lying data (presented in Figure 1) clearly show the expected pattern of a reduction in the target behaviour. These changes were apparent around the fifth to sixth week of the intervention, when the parents' new skills and strategies were being implemented. It was also at this point that a Triple P tip sheet was given out with specific strategies to use in the event of an incident of lying. This gives further weight to the likelihood that the reductions in the target behaviours were attributable to the Triple P intervention.

Although data collected were based on parental report and may reflect only instances of 'incompetent stealing' (Reid & Paterson, 1976) or 'cleverer thieves' (Seymour & Epston, 1989), this seems unlikely as parents' sense of competence and efficacy (as measured by the *PSOC*; Johnston & Mash, 1989) increased over the duration of the intervention, indicating that they at least believed that their ability to identify inappropriate behaviours had increased. As they were able to identify numerous stealing instances at pre-intervention, there is no reason to suspect that this ability deteriorated over the course of the intervention.

The stealing probes for Family Two were implemented to assess whether or not Fred had ceased stealing due to a lack of opportunity or as a result of the intervention strategies. Fred's mother Diane had a small change purse that she had previously left lying about the house with small amounts of money in it. She had not kept money in this purse for a number of weeks, as she was aware that Fred had repeatedly stolen from it. The probes entailed a known sum of money being placed in the purse and the purse being put in its usual place in the kitchen. As mentioned previously, Fred did not steal any of the money on either occasion. This would further indicate that the cessation in stealing may be attributed to the intervention, rather than being indicative of a lack of stealing opportunity.

The second probe was used during week 16 to provide an opportunity to re-establish trust in his honesty as he had stolen an unrelated item the previous week. As Fred resisted the stealing probe, it gave Diane an opportunity to praise his honesty and focus on a positive incident rather than dwell on the previous weeks stealing, which had been dealt with. Diane reported to the researcher that she felt that this was important, as in the past they had tended as a family to carry on arguments about problems long after they were over with, and she believed that her new approach of trying to focus on positive behaviours was making their lives more pleasant.

Diane had reported during the assessment sessions that prior to the intervention Fred had been smacked when caught either stealing or lying. She had explained to Fred that if he confessed he would only be smacked once, but if he failed to do so he would receive three smacks. As mentioned earlier, Forehand and McMahon (1981) report highly emotional or physical punishment is not effective in reducing undesirable behaviours in children. Both families exhibited many of the child management deficiencies mentioned previously that contribute to the development of covert antisocial behaviours, such as harsh punishment and reduced levels of reinforcement for prosocial behaviour (Patterson, 1982; Reid & Patterson, 1976). The skills that both families learned from the Triple P Level 4 intervention, emphasising positive parenting practices such as descriptive praise and non-injurious punishment strategies such as time-out, enabled their children to move away from the developmental trajectory leading to more severe antisocial behaviour.

These results are an improvement on the results of Reid and Paterson (1976) who failed to eliminate stealing in all families treated. These results were accomplished with the investment of 12 hours of therapy time per family. This is in contrast to Reid and Paterson (1976) who spent on average 25.7 hours to significantly alter the family's behaviour. This is considered to be a particularly important feature of the programme as in the current economic climate there are increasing demands from third-party payers, such as government agencies, for documented evidence of the benefits of particular treatment options (King, 1997).

4.1.2 Parental Self-Report Measures

At the completion of the intervention, not only was the stealing behaviour markedly reduced for Family One and stealing and lying behaviour eliminated for Family Two, there

was the additional benefit that parents reported improvements on most of the standard measures that were administered as an integral part of the program. These improvements were in keeping with trends reported by others investigating the efficacy of Triple P interventions on various populations (Connell, Sanders, & Markie-Dadds, 1997; Williams, Zubrick, Silburn, & Sanders, 1997). The marked reductions in the depression levels of both mothers are worthy of some discussion.

Pre-intervention *DASS* scores showed that both mothers were experiencing elevated levels of depression, with Anne's score placing her in the severely depressed range, despite the fact that she had been taking antidepressant medication for some months. Research has shown that depression may influence parenting behaviour directed towards a child's misbehaviour (Webster-Stratton & Dahl, 1995). Depressed mothers have been found to be less consistent in their discipline and more rejecting towards their children (Susman, Trickett, Ianotti, Hollenbeck, & Zahn-Waxler, 1985). Depressed mothers often increase the number of commands and criticisms given to her child (Webster-Stratton & Dahl, 1995), resulting in the child displaying an increase in noncompliance and deviant behaviours (Webster-Stratton & Hammond, 1988). It has been hypothesized that this indirectly leads to behaviour problems as a result of negative attention reinforcing inappropriate behaviours, inconsistent limit setting, and emotional unavailability (Webster-Stratton & Dahl, 1995). It appeared from initial assessments and observations that these collateral interactions may have been occurring within these families. At the completion of the intervention and again at follow-up, both mothers' depression scores had dropped to within the normal range. By learning to use descriptive praise in response to instances of desired child behaviour, and implementing new techniques for the management of inappropriate child behaviours, not only did the target behaviours cease, but the mothers' moods had improved as well.

4.2 Implications of Recruitment Difficulties

Problems that were encountered in recruiting participants for this study are discussed in detail in Appendix G. As mentioned previously, families of stealers often have difficulties recognising that their child has a problem (Reid & Hendriks, 1973) and, if recognised, tend to relabel stealing instances (Miller & Klungness, 1989; Tremblay & Drabman, 1997). It is also known that frequently the families most in need of assistance with emotional and behavioural problems either do not have access to, or do not seek access to mental health

services (Sanders, 1992). Those families who are socially or economically disadvantaged are also less likely to refer for treatment than middle class families (Dumas, 1986; Webster-Stratton, 1985). Stouthamer-Loeber, Loeber, van Kammen and Zhang (1995) conducted a study investigating the relationship between parental help seeking efforts and their sons' juvenile court contact. It was found that for almost 50% of the boys for whom help had been sought, the average number of years between the onset of the problems and help-seeking was 3.5 years, regardless of court status. Almost half of these boys had exhibited problems for more than five years (Stouthamer-Loeber et. al., 1995). These results, combined with the difficulties the researcher experienced in gaining sufficient participants for the present study, highlight the need for improved methods for encouraging such families to access mental health services earlier. This is of particular importance in the light of findings that parent training programmes, such as the one trialed, are most effective when applied to younger antisocial children (Kazdin, 1987).

4.3 Types of Families – Did they fit the model?

By developing a model to explain the progression of behaviours that lead from early asocial behaviour to later delinquency and adult adjustment problems, it is hoped to be able to identify children at increased risk of becoming chronic offenders and offer them and their families alternate methods of dealing with the problem behaviour.

From information gathered during the course of the intervention about Carl and his family (see Appendix E) it can be seen how Carl fits into the developmental pathway of antisocial behaviour. At the onset of the intervention, Carl best fit into the Exclusive Theft category (as proposed by Loeber & Schmaling, 1985b) although his mother had reported that he had become increasingly aggressive in the past months. If this behaviour continued, Carl would more accurately fit the Versatile Antisocial group which would place him at the highest risk for the development of conduct disorder (Loeber & Schmaling, 1985b). Loeber (1990) has suggested that this behaviour is continuous, having begun in infancy with a difficult temperament. Developmental history information obtained from Carl's mother indicates that this has been true of Carl. As mentioned previously, Loeber et al (1993) proposed multiple pathways to adult antisocial behaviour. Carl may be said to have entered all three pathways; Authority Conflict, Covert, and Overt. According to Loeber et al.'s (1993) model where high rates of offending are related to the number of pathways entered and the level of penetration into a pathway, this places Carl at a high level of risk.

At the time of the commencement of the intervention, Carl was 5 years old. As it is known that boys who enter a developmental pathway at the first stage are more likely to be Persisters (Loeber et al. 1997), it is likely that, without intervention, Carl would have continued to steal and move on to more serious theft.

When looking at the information gathered regarding Fred and his family (Appendix F) it can be seen that Fred fits into the Exclusive Theft category although this is generally characterised by higher rates of delinquent behaviour that goes largely unnoticed by adults (Loeber & Schmaling, 1985b). As Fred has entered the Covert pathway at the first level (i.e., shoplifting and frequent lying) it is likely that without intervention, Fred may also have become a Persister (Loeber et.al., 1997).

Approximately two thirds of stealers are said to fit within the coercion model (Patterson et.al., 1992). Carl and his family, with their patterns of escalation and avoidance fit this model. Fred, however, appears to fit into what Patterson et.al. (1992, p.117) refer to as "sneaky aggressors", which are those stealers who do not fit the coercion model. These stealers are speculated to be characterised as having parents who combine coldness with overly effective punishment, and who seldom win in direct confrontations with their parents (Patterson et.al., 1992). For these children, theft is seen as an indirect method of attacking parental status and authority. This appears to fit with the anecdotal evidence from Fred's mother where she described Fred as being "too scared of me not to do as he is told." It is hoped that the skills learned during the intervention will enable this family to cease the cycle of dyadic avoidance that Patterson et.al. (1992, p. 118) believe leads to a situation they call "limited shopping". This is an accumulation of missed opportunities to socialise appropriately. Anecdotal evidence from Fred's mother regarding increased periods of time spent together doing mutually enjoyable activities, and increased levels of praise, suggest that the intervention has enabled this family to move Fred away from the developmental pathway leading to increased antisocial behaviours. The increases in warmth and attention to Fred's emotional needs that Diane exhibited over the course of the intervention may also be attributable to the psychoeducational components of the programme that addressed issues such as age appropriate behaviours and developmental norms. Research has shown that parental rejection can sometimes stem from unrealistic expectations or an incomplete knowledge of what is developmentally normal for their child (Stouthamer-Loeber & Loeber, 1988).

4.4 Paternal Absence from the Intervention

A further aspect that is worthy of discussion was the lack of paternal involvement in the intervention. Although both mothers that volunteered to participate in the intervention were married, neither husband was actively involved in the programme. Although father involvement in parent training programmes has only minimal advantages over mother-only involvement, father-involved families have shown improved maintenance at 1-year follow-up (Webster-Stratton, 1985). It may then have been beneficial for both families to have paternal involvement to increase the likelihood of longer-term gains to be made from the programme. It has been found, however, that fathers who have not received parent training but whose partners have, increased their positive attention to children's cooperative behaviour, leading to tentative suggestions that for some families only one parent may need to receive training (Reisinger, 1982). This was evident with Family One where anecdotal reports suggest that not only was Anne modeling the desired parenting behaviour to Bill, but he also read *Every Parent* and watched the video twice. Anne reported towards the end of the intervention that they were experiencing fewer arguments over child rearing practices. From the two opportunities that the researcher had to observed Anne and Bill together, it is likely that, had Bill been willing to participate, they would have been more appropriately suited to a Level 5 intervention that includes material to address marital discord, paternal depression, and parenting stress.

4.5 Strengths and Weaknesses

A single-case design was employed to allow for micro level analysis of individual responses to the intervention. Due to recruitment difficulties (see Appendix G) a complete multiple-baseline across-cases design was unable to be used, resulting in both participant families having baselines of the same length. This creates a situation where the changes noted when the independent variable is introduced may be the result of a confounding variable such as reactivity to observation and measurement (Cooper et.al., 1987). Clearly, the use of variable baselines would have been preferable.

The addition of an increased range of measures may have benefited the present study. It would have been interesting to measure the levels of child compliance over the duration of the programme, as mothers made increased levels of demands on their children. Family One anecdotally reported an increase in child non-compliance over the course of the

intervention. It also would have been interesting to monitor the parents' use of the various behaviour change routines incorporated within the intervention to see which (if any) they used on a regular basis. The disadvantage of this would be the increased burden for parents in recording these extra measures, which may become too onerous and cause parents to discontinue with the programme.

The simultaneous monitoring of target behaviours in the school setting would also have provided additional information, although this would have required the training of teachers in the use techniques such as positive attending, descriptive praise and time-out, as it cannot be presumed that teachers are already conversant with these techniques.

4.6 Future Research

Clearly there needs to be further research into the area of covert behaviours in children. An extension of the present study with a larger sample size and increased measures would give stronger evidence of the potential of a Triple P Level 4 intervention to reduce stealing and lying behaviour. It is not yet presently known how lying relates temporally to other covert behaviours such as stealing (Stouthamer-Loeber & Loeber, 1986). More research is needed into the developmental pathways towards delinquency to establish whether problematic lying is a by-product of other antisocial behaviours or whether it predates other covert behaviours. Additionally, further research is needed in how to improve the accessibility of programmes such as these to families in need.

The strong focus on homework, while seemingly onerous to some, results in a reduction of the amount of time necessary in direct therapist / client interaction and thus reduces the length of the programme and the cost of delivery. This is an area of the programme that may benefit from additional research. It is widely acknowledged that a large proportion of the prison population have literacy problems (ARAS, 1995). There is evidence of a developmental pathway from early childhood conduct disorders to serious antisocial behaviours in adolescence and adulthood (Herbert, 1987) and subsequent incarceration. As parents who exhibit antisocial behaviours are said to be implicated in the development of conduct disorders in their children (Paterson, 1982) there is reason to suspect that the parents of stealers may have higher than normal rates of literacy problems. This was not evident in this study but may be worthy of further investigation. Due to the reliance on

literary skills in Triple P interventions, this may make the program unreachable to some families in need.

4.7 Conclusions

Overall these results are encouraging, as typically parents of stealers are relatively uninvolved in their roles as caretakers and fail to monitor their children's activities (Reid & Paterson, 1976). By offering an intervention that uses methods such as modeling, role-playing, feedback and specific homework tasks to teach a broad range of parenting skills, it was possible to decrease the levels of reported problem behaviours (both specific and general), decrease parents' levels of depression, anxiety and stress and enhance the parents' sense of efficacy and levels of satisfaction in parenting. As a result of these changes it is reasonable to suggest that at the completion of treatment, these parents were experiencing parenting as a far less aversive activity and were taking a more proactive role in their children's lives.

The careful structuring of the intervention teaches parents to reinforce and encourage desirable behaviours *before* the implementation of strategies to diminish unwanted behaviours. This positive focus, combined with the psychoeducational aspects of the intervention, provides parents with a way to eliminate covert antisocial behaviours in their children and move their child away from the developmental pathway leading to more serious and long-term antisocial careers.

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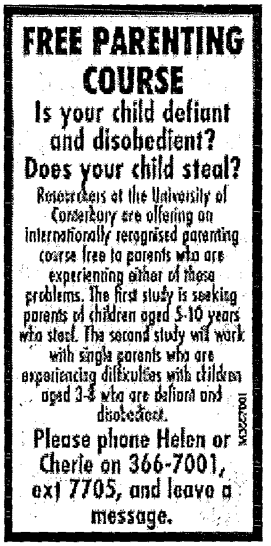
Appendix A

Newspaper Advertisement



Appendix B

Recruitment Letter

Helen Venning
c/o Psychology Department
University of Canterbury

Ph: 366-7001 ext 7705
E-Mail: hbv10@psych2.psyc.canterbury.ac.nz.

Dear

I am a MSc thesis student doing research on the use of behavioural family interventions with families whose preadolescent children steal and/or lie. Specifically, I am researching procedures based on the work of Matthew Sanders and colleagues, who, over several years, have developed Triple P , a multilevel family intervention programme for children with behaviour problems.

Triple P was originally created to promote positive and caring relationships between parents and children and to help parents develop effective discipline strategies. Sanders and colleagues believe that improving parents' skills will help to move children at risk of the development of behaviour problems away from the developmental trajectory leading to more severe antisocial behaviour. In addition, Triple P aims to increase parents' sense of competence, improve marital communication regarding parenting, and reduce parenting stress.

Triple P offers a range of intervention levels ranging from low-cost self-help programmes to intensive interventions which include elements to address additional family problems such as marital discord, parental depression, and parenting stress. These programs have resulted from over 15 years of clinical research, which has established the effectiveness of intervention strategies for reducing unwanted behaviours in various populations. There is, however, only limited research into the efficacy of Triple P programs on specific target groups due to the relative newness of the program.

Past programs aimed at eliminating stealing and/or lying have focused almost exclusively on the target behaviour, rather than on more general aspects of their deviant problem behaviour. This has resulted in children who steal or lie experiencing fewer gains than children with other behaviour problems. In the present study, the impact of a Triple P Level 4 intervention on children's stealing/lying will be examined. It is hoped that the study will reveal that parents of stealers and or liars will benefit from the wide ranging parenting skills taught on the program and be able to use those skills to better monitor their

children's activities and eliminate stealing/lying. In doing so it is hoped that this project will aid in the promotion of time-limited, structured, behavioural interventions such as Triple P as cost effective methods of dealing with the financial and emotional burdens that these behaviours place on both individual families and society as a whole.

I am being supervised in this research by Mr Neville Blampied and Dr Karyn France, both from the University of Canterbury, and with the co-operation of Steven Hayns, the director of Triple P in New Zealand. I have received training in the delivery of Triple P programs up to and including level 5 from Matthew Sanders in 1997.

I require volunteers from families with a child aged 5 -10 years who steals at a rate of approximately once a week to receive a twelve week behavioural family intervention. If you or your staff know of families who fit this description who you feel would benefit from such an intervention I would very much appreciate hearing from you or your clients directly. If you are able to help or require additional information, I can be contacted either by phone or E-mail at the University.

Thank you for your time,

Yours sincerely

Helen Venning B.A.(Hons.)

Appendix C

Information Sheet

My name is Helen Venning and I am studying at the University of Canterbury towards a Masters of Science degree in psychology. My area of interest is in positive parenting programmes that aim to promote children's development and manage children's behaviour in non-hurtful ways. I am particularly interested in a programme developed in Australia from 12 years of research at The University of Queensland called Triple P. This programme accepts that there is no single right way to be a parent and believes that it is up to parents to decide what values, skills, and behaviours they encourage in their children and to develop their own approach to dealing with their children's behaviour. Triple P acknowledges that parenting can be demanding, frustrating, and exhausting at times and aims to make parenting easier and more enjoyable by offering suggestions and ideas on positive parenting.

I have been trained to teach parents the Triple P programme, and will be supervised by Mr. Neville Blampied and Dr. Karyn France, both from the University of Canterbury.

The programme that I am asking for your participation in is a 12-week positive parenting programme that involves you and your partner. At the first session we will discuss your child's stealing, clarifying how often it happens and talk about your child's life in general. You will be asked to complete three questionnaires about your child's behaviour, how you feel about yourself as a parent, and how you feel in yourself. During the following sessions we will work through the programme covering topics such as causes of problem behaviour, managing problem behaviour, the use of behaviour charts, descriptive praise and planned activities. You will be asked to do a small amount of homework and to watch a short video. Sessions 1-5 will take place at the University of Canterbury. Sessions 6,7 and 8 will be a your home so that the new techniques you have learned can be seen in action. The last four sessions will take place back at the University of Canterbury.

During the course of the intervention, you will be required to keep a diary of the times that your child steals. I will contact you three months after the intervention has finished to ask you to keep a record again for another three weeks. No identifiable information will be used, as each family in the study will be referred to by number rather than name, to ensure that you and your family remain anonymous.

At the beginning of the programme, you will be given a copy of *'Every Parent'* by Dr Matthew Sanders which you may keep at the end of the programme. If, however, you withdraw from the programme before completion, you will be required to return it. As an additional token of my appreciation of your involvement you will be given a $15 petrol voucher at the completion of the intervention.

This project has been reviewed by the University of Canterbury Human Ethics Committee

Appendix D

Consent Form

PARTICPANT CONSENT FORM

1. I have read and understood the description of the researcher's project in the information sheet. On this basis, I agree to participate in the research project.

2. I consent to Helen writing up her findings and submitting this as her Masters' thesis to Mr Neville Blampied and Dr Karyn France with the understanding that anonymity will be preserved.

3. I understand that I am free to withdraw from the project at any point, including withdrawal of any information I have provided.

Signed

Parent .....Parent.....

Researcher.....

Appendix E

Family One Profile

In response to a newspaper advertisement, Anne telephoned the researcher seeking more information regarding the programme. As a result of this conversation, Anne was sent an information sheet (Appendix C) and a diary to record stealing instances if she decided to participate. An arrangement was made whereby the researcher would telephone her in a few days to arrange the first appointment if desired. When next contacted, Anne indicated that she was keen to be involved in the research although her husband was not so keen, although she said he would attend the first meeting.

As mentioned previously, the intake interview is designed to establish rapport with parents and to assist them in outlining their concerns regarding their child, establish the frequency and intensity of the presenting problem, and to obtain both a developmental history and family of origin details. The second session of the intervention is the family observation where patterns of interaction between family members are observed. In conjunction, these sessions provide an opportunity for a better understand of the problem behaviour within the framework of the family.

Present at the intake interview were the researcher, Anne, and her husband Bill, and at the observation session were the researcher, Anne, Bill, Carl and his 9-year-old brother. Anne and Bill have been married for 10 years. They were seeking assistance with their son Carl, aged 5 years 10 months, who was stealing practically everyday. Also living with the family was Anne's 16-year-old son from a previous relationship. Bill was currently employed, earning slightly below the average wage. Anne was a full-time parent.

Carl –

Anne and Bill reported that Carl stole from his friends frequently and often "found" things. This occurred practically everyday. To their knowledge, he had not stolen from shops. Mostly he stole small items such as toy cars.

He often threw tantrums, called his mother names, and was non-compliant. Anne reported that he went to sleep well but woke most nights, 'wanders', and 'sleep walks'. He has done this for as long as she could remember. He gets on well with his 9-year-old brother but gets 'picked-on' by his elder brother. Both Anne and Bill reported that one-on-one, Carl is often well behaved and cuddly but behaves like an "idiot" when he is with his brothers. They also reported that he slept well when his brothers were not at home.

Carl was delivered 5 weeks prematurely by cesarean section, weighing 4lb 9oz. He woke frequently and often 'fussed' until he was picked up. He had kidney and bladder problems that required medication until he was 9 months old. His development was normal, reaching milestones within normal ranges. He attended pre-school and kindergarten which he enjoyed and had many friends. He is slow at reading but good at writing, which he enjoys.

He had been referred to a psychologist by his GP for behavioural difficulties 18 months prior to attending the present intervention, where Anne and Bill report there were differing opinions regarding Carl – which resulted in them being told "he isn't a problem". During the observation session Carl was relatively compliant to his mother requests, but tended to ignore his father's requests. He interacted appropriately with his brother and shared the majority of the toys.

Anne –

Anne has had chronic medical condition for many years that has a poor long-term prognosis without an organ transplant. It was suggested when she became pregnant with Carl that she terminate the pregnancy because of the increased risks to her health. She spent 3 months in hospital, pre- and post-natally and found this very depressing. She had little support raising the children until the family relocated 3 years ago, which enabled extended family members to help with the children when she was ill. At this time she was diagnosed with depression and was placed on antidepressant medication. It was believed that this was a result of undiagnosed post-natal depression. She reported feeling much better once on medication. Anne and Bill had separated 3 times during their marriage, twice since Carl's birth. She makes few demands on the children as she finds that it is easier to do things herself than to "put up with the moaning and arguing". Consequently, neither of the younger boys do any chores and receive no pocket money. Anne presented at both assessment sessions with a flat affect and complained at both sessions of having headaches. During observation of the play situation, Anne was initially praising of Carl

and used instances of incidental teaching and positively phrased requests, but later withdrew almost entirely from any interaction after castigations from Bill.

Bill –

According to Bill he has "not much to do with the kids" as he sees raising them as primarily Anne's responsibility. He believes that she is "too soft" with the boys and reports that they do as he tells them to. He has been on antidepressant medication for an unspecified period of time after being diagnosed with depression. During both sessions he made derogatory remarks about Anne and castigated her on several instances. During observation of the play situation, Bill made repeated requests of Carl, largely in a negative manner, most of which Carl ignored.

During the final session of the intervention, Anne reported that she felt more in control of the boys. She felt "less overwhelmed" by things in her life and was positive about the future. Anne related to the researcher that she enjoyed doing the intervention and felt that she had gained "a lot of helpful skills". Although Carl was still reasonably non-compliant, Anne was hopeful that this would improve as he got used to the "new rules". She was determined to keep trying to use the skills she had learned as she could see that when she used them they "actually worked". She identified that her biggest weakness was "giving in" to her children's demands and could see that if she "stuck to her guns" that things would continue to improve. She reported that although Bill had not attended the intervention, he had read *Every Parent* and had watched the video twice. He thought that they both contained "sensible stuff" and was trying to use the strategies suggested, especially time-out.

During a brief telephone conversation with the researcher at follow-up, Anne reported that "things were going pretty well" and Carl had not stolen anything "for ages".

Appendix F

Family Two Profile

In response to a newspaper advertisement, Diane telephoned the researcher seeking more information regarding the programme. As a result of this conversation, Diane was sent an information sheet (Appendix C) and a diary to record stealing instances if she decided to participate. An arrangement was made whereby the researcher would telephone her in a few days to arrange the first appointment if desired. When next contacted, Diane indicated that she was keen to be involved in the research although her husband was not able to participate, as he would be out of town for 6 weeks.

As mentioned previously, the intake interview is designed to establish rapport with parents and to assist them in outlining their concerns regarding their child, establish the frequency and intensity of the presenting problem, and to obtain both developmental history and family of origin details. The second session of the intervention is the family observation where patterns of interaction between family members are observed. In conjunction, these sessions provide an opportunity for a better understand of the problem behaviour within the framework of the family.

Present at the intake interview were the researcher and Diane, and at the observation session were the researcher, Diane and Fred, her 10-year-old son. Diane and her husband Ed have been married for 18 months. Diane was seeking assistance for her son Fred, who had recently been caught stealing and lied persistently. Diane was currently employed full-time, earning slightly below the average wage. Ed was engaged in full-time study.

Fred –

Diane reported that Fred was caught stealing about once or twice a week. She saw him as a "follower" and felt that he would do "anything" to be accepted by his peers, some of whom she knew stole. When apprehended, he continued to deny that he had stolen and, according to his mother, lied constantly. He is described by his mother as "his own person", being argumentative and enjoys goading his stepfather.

Fred was delivered at full-term by caesarian section. He was diagnosed as having a heart murmur, had no sucking reflex, and spend 24 hours on a ventilator. He had no contact with his mother for 3 post-natal days, and was breastfed from 1 week to 6 weeks old. Diane reported that Fred never crawled and walked and talked late. He was toilet trained at 3 years of age. He attended day-care facilities "on and off" from 8 months old until he started school. According to his mother, Fred has always played "alongside" rather than "with" other children, is easily bored and has a limited attention span. She reports that his IQ is in the "superior" range and that he knew his numbers and alphabet before starting school. Diane brought along a report compiled by a psychologist that Fred had been referred to 3 years previously for behavioural problems. This report indicated that Fred's IQ was slightly above average, that he was dyspraxic and tactile defensive. He had been "held back" at school until recently changing schools where he moved up a class. The change of school was as a result of Diane believing that he was not being extended enough at his former school as, in her opinion, they failed to recognise his abilities. During the observation period, Fred frequently sought his mother's approval when building structures with Lego and deferred to her opinion.

Fred had supervised contact with his biological father on a semi-regular basis from 1 month of age until 5 years of age. The supervision was ordered by the courts, as his father had been committed to a psychiatric hospital. Upon his fathers' release from hospital, several court cases ensued, resulting in his father having full access to Fred at weekends. This lasted for 5 months, at which point his father telephoned him and told him "I don't want you in my life". Diane reported that Fred cried for a week after this incident. One year later, Diane sought professional help for Fred's problems, which resulted in him receiving play therapy for 18 months. Around the same time that Fred's biological father ceased contact with him, Diane and her second husband separated and Fred's grandfather, who resided with the family, also moved out.

Diane –

Diane was 33 years old and in her third marriage. She reported being on antidepressant medication at the time of Fred's conception and was concerned about possible damage to the fetus as she was 4 months pregnant before she knew. The pregnancy was unplanned and Fred's biological father "disappeared" before Fred's birth. Diane reported that she was

severely overweight at this time, both before and during her pregnancy. As a result of this she had a pelvic collapse and an induced delivery due to medical problems. When Fred was 18 months old, Diane remarried. This relationship lasted approximately 4 years. Diane described her second husband as a "violent alcoholic". At the break-up of her second marriage, Diane was again prescribed antidepressant medication.

During this period, Diane had little contact with her family of origin. She described her mother as having a "violent streak". She was frequently hit and kicked by her mother and reported living in fear as a child. An older brother was shot dead when she was 7 or 8 years old and Diane remembered her mother saying that she would "rather lose both my daughters than my son". Diane reported that her family was extremely poor. As an adult, she felt more "accepted" after Fred's birth as she had given birth to a son. As well as having an older sister, Diane had an older brother (who raped both her and her sister), and a younger half-brother. She remembered her younger brother being given anything that he wanted as a young child. He was sent to borstal at 12 years of age and "booted out [of an Australian state] at 16" for involvement in an extortion racket. He has been jailed 3 times since for drug and burglary offences. Diane reported being extremely concerned that unless Fred "made something of himself" he would end up the same way.

During the observation period, Diane frequently questioned Fred on his motives for placing Lego pieces in various places and the rationale he used for these decisions. She often suggested "better" ways of doing things and was directive in her interactions. Diane reported that she believed that Fred lied in order to be perceived by her as a "perfect" child and that if he was seen as anything less "then people would leave him".

Ed –

As previously mentioned, Ed was not actively involved in the intervention, although he was present at all three home visits. Ed was 26 years old and not previously married. He found it difficult to relate to Fred, but believed that this would improve as Fred grew older and developed "concrete operational thought". Ed and Fred spent most afternoons together after school and much of the school holidays. Ed was highly critical of Fred and sent him to his room for long periods. By the mid-point in the intervention, Ed was diagnosed with depression and prescribed antidepressant medication.

During the final session of the intervention, Diane recounted that she was pleased that she had done the programme and felt that her and Fred were "getting on a lot better". She was pleased that he had stopped stealing and that he no longer lied "as a matter of course". She also related that she was continuing to try and give Fred opportunities to "have fun" as she realised that in the past she often focused on him learning academic skills and gave little thought to his social skills. She related that she had learned from the programme that appropriate play activities were important to his social development and was encouraging Fred to invite his friends to their house, something that seldom occurred in the past. She was also continuing to encourage Fred to engage in more activities in the living room at their home, where previously he spent most of his time in his room alone. The relationship between Ed and Fred was still a problem, but Diane believed that this was more Ed's fault than Fred's, as Fred was reasonably polite and compliant in his interactions with her. She felt that this situation would not change until Ed "grew up" and "stopped behaving like a child himself".

At follow-up, Diane reported during a brief telephone conversation that she and Ed were currently separated. Fred was still neither stealing nor lying and they were getting on well.

Appendix G

Recruitment Difficulties

At the outset of this study, the researcher sent letters asking for referrals (see Appendix B) to schools, Guidance and Learning Units, mental health agencies and community agencies and placed advertisements in free community newspapers (see Appendix A). The response to the letters was disappointing with no referrals from either mental health or community agencies, and only two referrals from schools, although these families did not meet the inclusion criteria (see Method section). The newspaper advertisements were more successful, but again, not all respondents met the inclusion criteria. Due to the low response rate, the researcher extended the target behaviour to include lying. Follow-up telephone calls were made to those initially approached to inform them of the change in target behaviour. This also served as an opportunity to remind them that more participants were required. Despite these attempts, only two families came forward who met the inclusion criteria and were willing to participate in the programme.

Several explanations are possible for the lack of response to requests for referrals and the relatively low level of response from newspaper advertisements:

1 - Health and community agencies may be reluctant to refer clients to research programmes generally, and specifically those run by a relatively inexperienced therapist. This was possibly the case, although no approaches for further information or clarification regarding the researcher's experience or qualifications were received.

2 - There may have been a genuine lack of cases whose referral problem was either stealing or lying during the recruitment period. This may also have been a plausible explanation, although anecdotal evidence suggested that stealing was a relatively common problem, although not necessarily the referral problem. Often stealing is "discovered" during intake interviews for other problem behaviours (Patterson, 1982; Reid & Hendriks, 1973) and by this stage, therapists may be reluctant to suggest the family go elsewhere for assistance.

3 - Therapists working within these agencies may have adequate treatment options at their disposal therefore making referrals to the programme unnecessary. This may have been the situation for some therapists, but again, anecdotal evidence following a paper presentation by the researcher (Venning, 1999) suggests that not all therapist feel

confident in their abilities to provide appropriate treatment to families whose children steal.

4 - Teachers may be unaware of children who steal or lie at high levels and are therefore unable to suggest referrals to their families. This may well be the case, as, in contrast to overt behaviours, covert behaviours are particularly difficult to target for assessment (Miller & Klungness, 1989). This may indicate that teachers could benefit from practice and feedback in the identification of stealing incidents, as suggested by Patterson (1982).

5 - Teachers may have been aware of children exhibiting this behaviour, but were unwilling to approach the child's parents to suggest they attend a parenting programme, or alternatively, approaches to parents have been unsuccessful. Many teachers are reluctant to label children as 'stealers' due to feared legal or social consequences for the child (Miller, 1987) and often, if approached, parents are disinclined to seek treatment (Reid & Hendriks, 1973).

6 - The professionals contacted may be overworked and requests such as this are of a low priority, and are put to one side in favour of more pressing matters. Anecdotal evidence suggests that this was the case in several instances. The follow-up telephone contact regarding the change in inclusion criteria may have served as a reminder to some but this may have been insufficient.

7 - The range of agencies contacted may not have been extensive enough to capture the participants in the numbers required. The inclusion of other organisations may have produced more participants.

8 - The newspaper advertisements may not have been of sufficient size, frequency or covering a sufficiently large geographical area to be effective. The funding available to the researcher placed limitations on the scope of media advertising. Given the fact that the families that did complete the programme volunteered as a result of the advertisements, this is an area where more intensive efforts may have been beneficial.

9 - The wording of the advertisements (see Appendix A) may have been less than optimal to elicit responses, particularly from families of children who steal. The fact that families of stealers tend to rename stealing instances as 'borrowing' and 'finding' (Miller & Klungness, 1989; Tremblay & Drabman, 1997) suggests that is may have been beneficial to use similar wording in the recruitment advertisements (M.S. Forgatch, personal communication, February 12, 1999).

Clearly, no one explanation is sufficient to explain the lack of volunteers to participate in the Triple P intervention. Most likely a combination of factors contributed to the low response rate and an investigation into improved methods of attracting families whose children exhibit problem covert behaviours would be beneficial to both future researchers and therapists alike.